#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,601

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

01/17/03

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ENDODONTICS
ENDODONTICS

RESTORATIVE DENTISTRY

PROSTHETICS
DENTURES, STAYPLATES
SPACE MAINTAINERS

MAXILLOFACIAL SERVICES
FRACTURES, DISLOCATIONS
ORTHODONTIC SERVICES
ALL OTHER SERVICES

0 .00 .00 .00 . 00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

MOP024

PATHOLOGY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,602 FEE-FOR-SERVICE/DENTAL

CODE	1 0

01/17/03

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MONO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED ----- MONTHLY AVERAGE -----196 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 217.83 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 217.83 \$ 19.80 .056 \$ 43.57 \$ 1.11 @OPTOMETRIST 11 \$.00 .000 .000 17.04 .051 42.60 47.45 .005 47.45 .00 .000 \$.00 \$ 0 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 4 1 0 EYE APPLIANCES 10 170.38 .87 THER OPTOPLE:
HIROPRACTOR
VISITS
OTHER SERVICES
OTHER SERVICES
PODIATRIST
MEDICINE/INJECTIONS
SURGERY/ANES.
RADIO./PATHOLOGY
OTHER
OTHER
OTHER
OTHER
OTHER
OTHER
OTHER
OTHER OTHER OPTOMETRIC SERVICES 47.45 .24 Ω . 00 Ω . 00 0 . 00 .00 \$ 0 .00 .00 .00 0 0.0 Ω . 00 0 .00 \$.00 0 .00 \$. 00 NURSE MIDWIFE .00 \$. 00 0 0 PEDIATRIC NURSE PRACTITIONER .00 0 \$ FAMILY NURSE PRACTITIONER .00 9 1 0 32 @TOTAL HOSPITAL .163 \$ 146.79 \$ 6.74 3 0 HOSP INPATIENT TOTAL 4.14 HSC HOSPITALS
NON-HSC HOSPITAL TOTAL 0 .00 .00 .00 812.00 .00 509 . 00 0 . 00 0 0 ADMINISTRATIVE DAYS . 00 TRANSITIONAL IP CARE 0 . 00 0 ALL OTHER ACCOM .00 ANCILLARIES .00 INPATIENT CROSSOVERS 4.14 0 ALL OTHER INPATIENT .00 29 HOSP OUTPATIENT TOTAL 2.60 0 Ω . 00 MEDICAL .00 SURGERY 0 .00 PATHOLOGY Ω RADIOLOGY .00 ROOM USE .00 .00 .000 .00 .00 509.07 17.55 .148 63.63 2.60 .00 \$.00 \$.00 \$.00 .00 29 CROSSOVERS/ALL OTH OUTPINT 0 @COUNTY HOSPITAL TOTAL .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 0 0 .00 . 00 .000 . 00 . 00 HSC HOSPITALS 0 0 . 00 .00 . 00 . 000 . 00 NON-HSC HOSPITALS TOTAL TRANSITIONAL IP CARE
ALL OTHER ACCOM
ANCILLARIES
NPATIENT CROSS .00 0 .00 .000 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS . 00 .00 .00 Ω .00 0 .000 .00 ALL OTHER INPATIENT 0 0 .00 .000 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .00 .000 MEDICAL Ω .00 .00 SURGERY .00 .000 .00 .00

.00

.00

.000

RADIOLOGY 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 ROOM USE .00 .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,603

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY	SUMMARY OF SERVICES	S FOR CASH GRA	ТИА	- AGED	AID CODE	1. 1.0			01,11,00
110110 0001111		3 1 011 011011 011		11022	1112 0021	MON	THLY AVERA	GE	
196 ELIGIBLES	USERS UNI	ITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
170 221012220		R DAYS OF CARE		2111 2113 1 1 0 1 1 2 0	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	32	Ś	1,321.07			146.79		-
COMM HOSP INPATIENT TOTAL	1	3	т	812.00	270.67	.015	812.00	Τ.	4.14
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	0					.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000			.00
ANCILLARIES	0	0		.00	.00		.00		
INPATIENT CROSSOVERS	0	3		812.00	270.67	.015	812.00		4.14
ALL OTHER INPATIENT	U	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8	29		509.07	17.55	.148	63.63		2.60
MEDICAL	U	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	29		509.07	17.55	.148	63.63		2.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	0	\$	68.58	\$.00	.000 \$		\$.35
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	0		68.58	.00	.000	68.58		.35
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		Ś	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
HOSPITAL BASED	0	0	т	.00	.00	.000	.00	-	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
PATHOLOGY	0	0	۲	.00	.00	.000	.00	7	.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	56	Ś	4,133.00	\$ 73.80	.286 \$		Ċ	21.09
CLINIC CLINIC	0	0	Y	.00	.00	.000	.00	Y	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
	34	56			73.80	.286	.00 121.56		21.09
RURAL HEALTH CLINIC				4,133.00				7	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SEKVICES A	VND EVERNDIIAKI	ro M	TON IN-OF-PAIMENT R	FLOKI LOK DAN	ZUUZ THKU DE	C 2002	Р	AGE 7,604

FEE-FOR-SERVICE/DENTAL MOP024 01/17/03

					MO	NTHLY AVERA	GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	32	182 \$	6,265.47	\$ 34.43	.929	\$ 195.80	\$ 31.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	102	507.91	4.98	.520	169.30	2.59
AMBULANCES/AIR TRANS	1	32	217.21	6.79	.163	217.21	1.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	70	290.70	4.15	.357	145.35	1.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	10	1,281.32	128.13	.051	640.66	6.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	83.80	16.76	.026	27.93	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	2,304.91	460.98	.026	1152.46	11.76
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	60	2,087.53	34.79	.306	80.29	10.65
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	•	\$.00
@XOVER EXCLUDING STATE HOSP**	26	156 \$	3,000.68	\$ 19.24	.796	\$ 115.41	\$ 15.31

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,605 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MOI	ITHLY AVERA	GE
41 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	77	\$	1,605.93	\$ 20.86	1.878	73.00	\$ 39.17
@PHYSICIANS SERVICES	3	3	\$	48.21	\$ 16.07	.073	16.07	\$ 1.18
OUTPATIENT VISITS	1	1		.00	.00	.024	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		.00	.00	.024	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	48.21	24.11	.049	24.11	1.18
@ PHARMACY	12	22	\$ 683.78	\$ 31.08	.537	\$ 56.98	\$ 16.68
PRESCRIPTION DRUGS	12	22	683.78	31.08	.537	56.98	16.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	22	683.78	31.08	.537	56.98	16.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	9	\$ 206.00	\$ 22.89	.220	\$ 103.00	\$ 5.02
VISITS - DIAGNOSTIC	2	3	23.00	7.67	.073	11.50	.56
ORAL SURGERY	2	3	128.00	42.67	.073	64.00	3.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	55.00	27.50	.049	55.00	1.34
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	1	.00	.00	.024	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,606
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN'	T - BLIND	AID CODE	2.0		

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 41 ELIGIBLES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST Ω 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES .00 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 .000 \$ @CHIROPRACTOR .00 \$.00 .00 \$.00 .00 .00 VISITS .00 .000 .000 .00 OTHER SERVICES 0 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST .00 .000 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY .00 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .000 S PEDIATRIC NURSE PRACTITIONER .00 \$.00 .00 \$.00 .00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 10 7.45 \$.75 3.73 \$ @TOTAL HOSPITAL .244 \$.18 Ω .00 .00 HOSP INPATIENT TOTAL .00 .000 .00 .000 HSC HOSPITALS .00 .00 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .75 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .75 HOSP OUTPATIENT TOTAL 10 7.45 .244 3.73 .18 MEDICAL .00 .000 .00 .00 .000 SURGERY .00 .00 .00 PATHOLOGY .00 .000 . 00 . 00 .00 .00 .000 .00 RADIOLOGY 3.73 7.45 2.48 .073 ROOM USE .18 .00 .171 CROSSOVERS/ALL OTH OUTPINT .00 .00 .00 .000 \$ @COUNTY HOSPITAL TOTAL .00 \$.00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 7,607
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT - I	BLIND	AID CODE	20		
					MONT	HIY AVERAG	EE

MONO COUNTI	SOMMAN OF SERVE	CES FOR	CADII GIV	71.4 T	DHIND		AID CODE	MO	איייני איי		~ =	
41 ELIGIBLES	USERS	UNITS OF	CEDVICE		EXPENDITURES	7/ 7 7 77	ACE COCE	UNITS/DAYS				COST PER
41 501619053	OSEKS	OR DAYS			EXPENDITORES			PER ELIG	USEF			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	OK DAIS	10	\$	7.45	\$.75	.244		73		.18
-	0			ې	.00	Ą				00	Ą	.00
COMM HOSP INPATIENT TOTAL	0		0 0		.00		.00	.000		00		
HSC HOSPITALS	0		0				.00	.000		00		.00
NON-HSC HOSPITALS TOTAL	0		-		.00		.00	.000				.00
ACCOMMODATIONS	Ü		0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		00		.00
TRANSITIONAL IP CARE	Ü		0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		00		.00
ANCILLARIES	0		0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		00		.00
COMM HOSP OUTPATIENT TOTAL	2		10		7.45		.75	.244		73		.18
MEDICAL	0		0		.00		.00	.000		00		.00
SURGERY	0		0		.00		.00	.000		00		.00
PATHOLOGY	0		0		.00		.00	.000		00		.00
RADIOLOGY	0		0		.00		.00	.000		00		.00
ROOM USE	2		3		7.45		2.48	.073		73		.18
CROSSOVERS/ALL OTH OUTPINT	2		7		.00		.00	.171		00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.	00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.	00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		00		.00
LEV B-REGULAR	0		0		.00		.00	.000		00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.	00	\$.00
ICF DDH	0		0		.00		.00	.000		00		.00
ICF DD	0		0		.00		.00	.000		00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.	00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000		00	\$.00
HOSPITAL BASED	0		0	·	.00	•	.00	.000		00		.00
INDEPENDENT FACILITY	0		Ō		.00		.00	.000		00		.00
@LABORATORY FACILITY	0		Ō	\$.00	\$.00	.000		00	\$.00
PATHOLOGY	Ő		Õ	'	.00	'	.00	.000		00		.00
XO AND OTHERS	0		Ō		.00		.00	.000		00		.00
			-		• • • •				•			

@ORGANIZED OUTPATIENT CLINIC	3	4 \$	291.78	\$ 72.95	.098	\$ 97.26	\$ 7.12
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4	291.78	72.95	.098	97.26	7.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 7,608
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN'	Γ - BLIND	AID CC	DE 20		
					N	MONTHLY AVERA	GE

					MON	THLY AVERAGE	
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	29 \$	368.71	\$ 12.71	.707 \$	52.67 \$	8.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.024	25.00	.61
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	28	343.71	12.28	.683	57.29	8.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	2	2 \$	48.21	\$ 24.11	.049 \$	24.11 \$	1.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,609
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----955 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 741 5,368 458,835.30 85.48 5.621 \$ 619.21 \$ 480.46 41.85 .510 \$ 141.55 \$ 144 487 20,382.94 21.34 @PHYSICIANS SERVICES 89 5,156.74 40.93 57.94 126 .132 5.40 OUTPATIENT VISITS 50.60 OFFICE VISITS 63 87 3,187.52 36.64 .091 3.34 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 23 26 1,320.15 50.78 .027 57.40 1.38

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	8	13		649.07		49.93	.014		81.13		.68
INPATIENT VISITS	10	29		2,108.04		72.69	.030		210.80		2.21
HOSPITAL VISITS	10	26		1,389.60		53.45	.027		138.96		1.46
CRITICAL CARE	1	3		718.44		239.48	.003		718.44		.75
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		70.93		35.47	.002		35.47		.07
EXAMINATIONS	2	2		70.93		35.47	.002		35.47		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	11	67		3,801.60		56.74	.070		345.60		3.98
PRINCIPAL SURGEON	6	7		2,013.95		287.71	.007		335.66		2.11
ASSISTANT SURGEON	1	1		297.84		297.84	.001		297.84		.31
ANESTHESIOLOGIST	4	59		1,489.81		25.25	.062		372.45		1.56
OUTPATIENT SURGERY	17	38		3,419.89		90.00	.040		201.17		3.58
PRINCIPAL SURGEON	13	14		2,709.00		193.50	.015		208.38		2.84
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	24		710.89		29.62	.025		177.72		.74
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	66		644.25		9.76	.069		49.56		.67
RADIOLOGY	22	32		2,293.35		71.67	.034		104.24		2.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		19.41		9.71	.002		9.71		.02
OTHER SERVICES/ALL X-OVERS	50	125		2,868.73		22.95	.131		57.37		3.00
@ PHARMACY	512	2,754	\$	161,069.46	\$	58.49	2.884	\$	314.59	\$	168.66
PRESCRIPTION DRUGS	498	1,884		155,947.01		82.77	1.973		313.15		163.30
SNF/ICF	2	9		584.57		64.95	.009		292.29		.61
OUTPATIENTS	497	1,875		155,362.44		82.86	1.963		312.60		162.68
MEDICAL SUPPLIES	38	870		5,122.45		5.89	.911		134.80		5.36
@DENTIST	9	24	\$	665.00	\$	27.71	.025	\$	73.89	\$.70
VISITS - DIAGNOSTIC	8	22		300.00		13.64	.023		37.50		.31
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		340.00		340.00	.001		340.00		.36
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.001		25.00		.03
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	r for jan 2	2002 THRU	DEC	2002	PA	AGE 7,610
MOP024	FEE-FOR-SERVICE	•									01/17/03
MONO COUNTY	SUMMARY OF SERV	VICES FOR CASH GRA	TNA	- DISABLED		AID CODE					
055							M				
955 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
A O DECOMEED T CE	1 /	OR DAYS OF CARE		050 65		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14	38	Þ		\$.040	Þ	61.40	Þ	
DIAGNOSTIC AND ANC. PROCED	8	9		396.00		44.00	.009		49.50		.41
EYE APPLIANCES	10	26		416.20		16.01	.027		41.62		. 44
OTHER OPTOMETRIC SERVICES	1 0	3	Ċ	47.45	ċ	15.82	.003	ċ	47.45	Ċ	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ą	.00	Ą	.00
VISITS	U	U		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	5	\$ 306.07	\$ 61.21	.005	\$ 102.02	\$.32
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	115	529	\$ 173,721.84	\$ 328.40	.554	\$ 1510.62	\$ 181.91
HOSP INPATIENT TOTAL	23	117	158,938.90	1358.45	.123	6910.39	166.43
HSC HOSPITALS	9	58	72,050.00	1242.24	.061	8005.56	75.45
NON-HSC HOSPITAL TOTAL	10	34	83,680.90	2461.20	.036	8368.09	87.62
ACCOMMODATIONS	10	34	32,326.87	950.79	.036	3232.69	33.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	34	32,326.87	950.79	.036	3232.69	33.85
ANCILLARIES	10	0	51,354.03	.00	.000	5135.40	53.77
INPATIENT CROSSOVERS	4	25	3,208.00	128.32	.026	802.00	3.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	412	14,782.94	35.88	.431	146.37	15.48
MEDICAL	27	41	2,732.60	66.65	.043	101.21	2.86
SURGERY	6	9	686.58	76.29	.009	114.43	.72
PATHOLOGY	40	163	1,962.27	12.04	.171	49.06	2.05
RADIOLOGY	26	30	3,850.00	128.33	.031	148.08	4.03
ROOM USE	44	60	2,699.78	45.00	.063	61.36	2.83
CROSSOVERS/ALL OTH OUTPTNT	40	109	2,851.71	26.16	.114	71.29	2.99
@COUNTY HOSPITAL TOTAL	2	6	\$ 229.88	\$ 38.31	.006	\$ 114.94	\$.24
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		229.88		38.31	.006	114.94		.24
MEDICAL	2	3		69.18		23.06	.003	34.59		.07
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	Ő		.00		.00	.000	.00		.00
RADIOLOGY	0	0		17.04		.00	.000	.00		.02
ROOM USE	2	3		143.66		47.89	.003	71.83		.15
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MOI		Z D O D T				Т	PAGE 7,611
MOP024	FEE-FOR-SERVICE/I		3 1101	NIII OF FAIRENT RE	71 01/1	I FOR UAN 2	2002 IIIKO DE	10 2002		01/17/03
MONO COUNTY		CES FOR CASH GRAN	VTT _	DICABIED		AID CODE	60			01/1//03
MONO COUNTI	SOMMANI OF SERVIC	LES FOR CASH GRAI	NI	DISABLED		AID CODE	MON	מחחות אנובטא	CF	
955 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	7/17	PACE COST	UNITS/DAYS		.GE	COST PER
955 ELIGIBLES	USEKS (OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	113		\$	173,491.96		331.72	_	1535.33		181.67
COMM HOSP INPATIENT TOTAL	23	117	Y	158,938.90		1358.45	.123	6910.39	Y	166.43
HSC HOSPITALS	9	58		72,050.00		1242.24	.061	8005.56		75.45
NON-HSC HOSPITALS TOTAL	10	34		83,680.90		2461.20	.036	8368.09		87.62
ACCOMMODATIONS	10	34		32,326.87		950.79	.036	3232.69		33.85
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	10	34				950.79				33.85
ALL OTHER ACCOM	10	0		32,326.87		.00	.036	3232.69 5135.40		53.77
ANCILLARIES	4	25		51,354.03		128.32	.000	802.00		3.36
INPATIENT CROSSOVERS	0	25		3,208.00			.026			
ALL OTHER INPATIENT	99	•		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	99 25	406		14,553.06		35.84	.425	147.00		15.24
MEDICAL	25 6	38		2,663.42		70.09	.040	106.54		2.79
SURGERY	40	9		686.58		76.29	.009	114.43		.72
PATHOLOGY	40 26	163		1,962.27		12.04	.171	49.06		2.05
RADIOLOGY		30		3,832.96		127.77	.031	147.42		4.01
ROOM USE	42	57		2,556.12		44.84	.060	60.86		2.68
CROSSOVERS/ALL OTH OUTPTNT		109		2,851.71		26.16	.114	71.29		2.99
@STATE HOSPITAL	0		\$.00	\$.00	.000 \$		Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	1		\$	925.20	\$	231.30	.004 \$		Ş	.97
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D DECLITAD	1	Λ		025 20		221 20	004	025 20		0.7

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	44	134	\$	2,448.79	\$	18.27	.140	\$		\$	2.56
PATHOLOGY	44	134		2,448.79		18.27	.140		55.65		2.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	225	361	\$	41,654.42	\$	115.39	.378	\$	185.13	\$	43.62
CLINIC	1	1		3.99		3.99	.001		3.99		.00
SURGICENTER	2	4		161.62		40.41	.004		80.81		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	224	356		41,488.81		116.54	.373		185.22		43.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 7,612
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY			GRANT	- DISABLED		AID CODE	60				. , , ,
							M	ONT	HLY AVERA	.GE -	
955 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST					OST PER
		OR DAYS OF CAL									
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	176		\$	55,158.75	\$	53.66	1.076	\$	313.40	\$	57.76
DURABLE MED. EQUIP.	27		·	15,642.83		147.57	. 111		579.36		16.38
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		. 00	.000				.00
MEDICAL TRANSPORTATION	10	329		8,479.42		.00 .00 25.77 17.57 5.52 51.93CR	.000 .345		847.94		8.88
AMBULANCES/AIR TRANS	7	367		6,448.50		17.57	.384		921.21		
OTHER TRANS	1	1		5.52		5 52	.001		5.52		.01
OTHER SERVICES	4	39C1	R	2,025.40		51.93CR	.041C				2.12
ACUPUNCTURE	0	0		.00		.00			.00		.00
ADULT DAY HEALTH CARE CTR	0					.00	.000				.00
GENETIC DISEASE TESTING	0	0 0 0 0 27		.00		.00	.000		.00		.00
	0	0		.00		.00	000		00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00		.00	000		00		.00
OPTICIAN	0 12	27		357.34		13.23	028		29 78		.37
PHYSICAL THERAPIST	0	0		.00		.00	000		.00 .00 29.78		.00
		0		.00		.00	.000		.00		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	1	3		97.16		32.39	.003		97.16		.10
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	•	0		.00		.00					.00
LOCAL EDUCATION AGENCIES		189		2,485.42		13.15	198		.00 118.35		2.60
EPSDT SUPPLEMENTAL SERVICE		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING		0		0.0		.00	.000		.00		.00
ALL OBUIDS DESCRIPTION	0 120	374		28,096.58		75.12	.392		234.14		29.42
@CALIF. CHILDREN SERVICES* @XOVER EXCLIDING STATE HOSP**	40	391	\$	84 616 73	Ś				2115.42	Ś	88.60
@XOVER EXCLUDING STATE HOSP**	59	145	\$	84,616.73 7,943.77	Ś	54 78	.152		134.64		8.32
@* TOTALS IN THESE LINES ARE	3,3				Υ	01.70	.102	Y	101.04	Y	0.52
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALLE DEPT OF HEALTH SERV					EPORT	FOR JAN 2	2002 THRII	DEC	2002	PZ	GE 7 613

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,613
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

@TOTAL, ALL PROVIDERS	788	3,928	\$	300,402.74		76.48	2.232		381.22		170.68
@PHYSICIANS SERVICES	165	392	\$	19,534.75	\$	49.83	.223	\$	118.39	\$	11.10
OUTPATIENT VISITS	119	155		5,994.68	}	38.68	.088		50.38		3.41
OFFICE VISITS	52	59		2,046.18	}	34.68	.034		39.35		1.16
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	59	66		2,830.44		42.89	.038		47.97		1.61
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
	5	23									.48
OB VISITS/COMPRE PERI	5			840.06		36.52	.013		168.01		
OTHER OUTPATIENT	6	7		278.00		39.71	.004		46.33		.16
INPATIENT VISITS	8	19		992.93		52.26	.011		124.12		.56
HOSPITAL VISITS	8	19		992.93		52.26	.011		124.12		.56
CRITICAL CARE	0	0		.00)	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00)	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		27.00)	27.00	.001		27.00		.02
EXAMINATIONS	1	1		27.00)	27.00	.001		27.00		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	11	80		6,099.53		76.24	.045		554.50		3.47
PRINCIPAL SURGEON	6	6		3,756.93		626.16	.003		626.16		2.13
ASSISTANT SURGEON	1	1		186.50		186.50	.003		186.50		.11
	<u> </u>	_									
ANESTHESIOLOGIST	6	73		2,156.10		29.54	.041		359.35		1.23
OUTPATIENT SURGERY	18	45		3,035.00		67.44	.026		168.61		1.72
PRINCIPAL SURGEON	15	19		2 , 536.51		133.50	.011		169.10		1.44
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	26		498.49)	19.17	.015		124.62		.28
DIALYSIS	0 11 32	0		.00)	.00	.000		.00		.00
PATHOLOGY	11	21		318.20)	15.15	.012		28.93		.18
RADIOLOGY	32	46		1,474.12	2	32.05	.026		46.07		.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		6.46		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	15	25		1,586.83		63.47	.014		105.79		.90
@PHARMACY	242	893	\$	26,915.49		30.14	.507			Ċ	15.29
	238	485	۲						111.75	ې	15.11
PRESCRIPTION DRUGS				26,595.99		54.84	.276				
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	238	485		26,595.99		54.84	.276		111.75		15.11
MEDICAL SUPPLIES	6	408		319.50		.78	.232		53.25		.18
@DENTIST	17	119	\$	4,020.00		33.78	.068	\$	236.47	\$	2.28
VISITS - DIAGNOSTIC	15	80		892.00)	11.15	.045		59.47		.51
ORAL SURGERY	4	17		1,168.00)	68.71	.010		292.00		.66
DRUGS	0	0		.00)	.00	.000		.00		.00
ANESTHESIA	0	0		.00)	.00	.000		.00		.00
PERIODONTICS	0	0		.00)	.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	20		1,060.00)	53.00	.011		353.33		.60
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	1	2		900.00		450.00	.000		900.00		.51
DENTURES, STAYPLATES	0	0									
SPACE MAINTAINERS				.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 7,614
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO		33 35 38	40 42 3A-3N	1 3P 3F	R 3U 3W 40	C-4G				
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1,760 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@OPTOMETRIST	17	51	\$	1,411.81	\$	27.68	.029	\$ 83.05	\$.80
DIAGNOSTIC AND ANC. PROCED	15	16		719.94		45.00	.009	48.00		.41
EYE APPLIANCES	12	35		691.87		19.77	.020	57.66		.39
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		\$.00	\$.00	.000		\$.00
VISITS	0	0	7	.00	Υ	.00	.000	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0		\$.00	\$				\$.00
@PODIATRIST			Ş		Ş	.00	.000	•	Ş	
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	159	728	\$	151,971.22	\$	208.75	.414	\$ 955.79	\$	86.35
HOSP INPATIENT TOTAL	12	64		132,415.20	·	2068.99	.036	11034.60	•	75.24
HSC HOSPITALS	3	6		6,432.01		1072.00	.003	2144.00		3.65
NON-HSC HOSPITAL TOTAL	9	58		125,983.19		2172.12	.033	13998.13		71.58
ACCOMMODATIONS	9	58		42,246.28		728.38	.033	4694.03		24.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	9									
ALL OTHER ACCOM	9	58		42,246.28		728.38	.033	4694.03		24.00
ANCILLARIES		0		83,736.91		.00	.000	9304.10		47.58
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	154	664		19,556.02		29.45	.377	126.99		11.11
MEDICAL	44	64		3,582.31		55.97	.036	81.42		2.04
SURGERY	15	19		1,306.64		68.77	.011	87.11		.74
PATHOLOGY	64	241		2,586.14		10.73	.137	40.41		1.47
RADIOLOGY	42	55		3,891.22		70.75	.031	92.65		2.21
ROOM USE	96	132		6,181.71		46.83	.075	64.39		3.51
CROSSOVERS/ALL OTH OUTPINT	67	153		2,008.00		13.12	.087	29.97		1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		.00
CO HOSP OUTPATIENT TOTAL	0	· ·				.00	.000			
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	U	U		.00		.00	.000	.00		.00
PATHOLOGY	Ü	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	-OF-PAYMENT I	REPORT	r for jan 2	2002 THRU D	EC 2002	PF	GE 7,615
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03
MONO COLINEY	CHMMADY OF CEDUTOEC E	OD CCE 20 2	2 2 5 20	VC VC CV UV	2 D 2 T	2 TT 2 TT C	10			

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MONO COUNTY

1,760 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159	728	\$	151,971.22	\$ 208.75	.414	\$ 955.79	\$	86.35
COMM HOSP INPATIENT TOTAL	12	64		132,415.20	2068.99	.036	11034.60		75.24
HSC HOSPITALS	3	6		6,432.01	1072.00	.003	2144.00		3.65
NON-HSC HOSPITALS TOTAL	9	58		125,983.19	2172.12	.033	13998.13		71.58
ACCOMMODATIONS	9	58		42,246.28	728.38	.033	4694.03		24.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9	58		42,246.28	728.38	.033	4694.03		24.00
ANCILLARIES	9	0		83,736.91	.00	.000	9304.10		47.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	154	664		19,556.02	29.45	.377	126.99		11.11
MEDICAL	44	64		3,582.31	55.97	.036	81.42		2.04
SURGERY	15	19		1,306.64	68.77	.011	87.11		.74
PATHOLOGY	64	241		2,586.14	10.73	.137	40.41		1.47
RADIOLOGY	42	55		3,891.22	70.75	.031	92.65		2.21
ROOM USE	96	132		6,181.71	46.83	.075	64.39		3.51
CROSSOVERS/ALL OTH OUTPTNT	67	153		2,008.00	13.12	.087	29.97		1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2 \$	79.90	\$	39.95	.001	\$	79.90	\$.05
HOSPITAL BASED	1	2	79.90		39.95	.001		79.90		.05
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	59	142 \$	2,821.16	\$	19.87	.081	\$	47.82	\$	1.60
PATHOLOGY	59	141	2,761.66		19.59	.080		46.81		1.57
XO AND OTHERS	1	1	59.50		59.50	.001		59.50		.03
@ORGANIZED OUTPATIENT CLINIC	382	574 \$	78,858.96	\$	137.38	.326	\$	206.44	\$	44.81
CLINIC	3	6	87.85		14.64	.003		29.28		.05
SURGICENTER	2	7	328.68		46.95	.004		164.34		.19
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	378	561	78,442.43		139.83	.319		207.52		44.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC	2002	P7	AGE 7,616
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

110110 0001111	COLUMN CL CEL		5 55 5	30 30 10 12 311 311	31 31 30 311	M(ONTHLY AVERA	GE
1,760 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS		COST PER
•		OR DAYS OF CAL			PER UNIT/D		USER	ELIGIBLE
@ALL OTHER PROVIDERS	166	1,027	\$	14,789.45	\$ 14.40	.584	\$ 89.09	\$ 8.40
DURABLE MED. EQUIP.	2	4		347.32	86.83	.002	173.66	.20
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	285		1,471.97	5.16	.162	367.99	.84
AMBULANCES/AIR TRANS	4	285		1,471.97	5.16	.162	367.99	.84
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		160.00	80.00	.001	80.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17	36		341.62	9.49	.020	20.10	.19
PHYSICAL THERAPIST	2	8		159.86	19.98	.005	79.93	.09
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9		334.30	37.14	.005	111.43	.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	559		6,530.29	11.68	.318	74.21	3.71
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	124		5,444.09	43.90	.070	100.82	3.09
@CALIF. CHILDREN SERVICES*	3	4	\$	255.09	\$ 63.77	.002	\$ 85.03	\$.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O+ MOMATO TAL BURGO TENDO ADD	CTTTDAT A C A CDDA	DAME TAIRODAGAMTONI	TODA	ONTE SE				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,617 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

					MONTHLY AVERAGE				
2,952 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,658	10,356	\$ 788,038.95	\$ 76.09	3.508	\$ 475.29	\$	266.95	
@PHYSICIANS SERVICES	320	903	\$ 40,210.92	\$ 44.53	.306	\$ 125.66	\$	13.62	
OUTPATIENT VISITS	209	282	11,151.42	39.54	.096	53.36		3.78	
OFFICE VISITS	115	146	5,233.70	35.85	.049	45.51		1.77	
HOME VISITS	0	0	.00	.00	.000	.00		.00	
EMERGENCY ROOM	83	93	4,150.59	44.63	.032	50.01		1.41	
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00	
OB VISITS/COMPRE PERI	5	23	840.06	36.52	.008	168.01		.28	
OTHER OUTPATIENT	14	20	927.07	46.35	.007	66.22		.31	
INPATIENT VISITS	18	48	3,100.97	64.60	.016	172.28		1.05	
HOSPITAL VISITS	18	45	2,382.53	52.95	.015	132.36		.81	
CRITICAL CARE	1	3	718.44	239.48	.001	718.44		.24	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00	
OPHTHALMOLOGICAL SERVICES	3	3	97.93	32.64	.001	32.64		.03	
EXAMINATIONS	3	3	97.93	32.64	.001	32.64		.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00	
INPATIENT HOSPITAL SURGERY	22	147	9,901.13	67.35	.050	450.05		3.35	
PRINCIPAL SURGEON	12	13	5,770.88	443.91	.004	480.91		1.95	
ASSISTANT SURGEON	2	2	484.34	242.17	.001	242.17		.16	
ANESTHESIOLOGIST	10	132	3,645.91	27.62	.045	364.59		1.24	
OUTPATIENT SURGERY	35	83	6,454.89	77.77	.028	184.43		2.19	
PRINCIPAL SURGEON	28	33	5,245.51	158.95	.011	187.34		1.78	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00	
ANESTHESIOLOGIST	8	50	1,209.38	24.19	.017	151.17		.41	
DIALYSIS	0	0	.00	.00	.000	.00		.00	
PATHOLOGY	24	87	962.45	11.06	.029	40.10		.33	
RADIOLOGY	54	78	3,767.47	48.30	.026	69.77		1.28	
PSYCHIATRY	0	0	.00	.00	.000	.00		.00	
IMMUNIZATION AND INJECTION	2	2	25.87	12.94	.001	12.94		.01	
OTHER SERVICES/ALL X-OVERS	75	173	4,748.79	27.45	.059	63.32		1.61	
@PHARMACY	848	4,350	\$ 203,612.74	\$ 46.81	1.474	\$ 240.11	\$	68.97	
PRESCRIPTION DRUGS	827	2,649	195,564.99	73.83	.897	236.48		66.25	
SNF/ICF	2	. 9	584.57	64.95	.003	292.29		.20	
OUTPATIENTS	826	2,640	194,980.42	73.86	.894	236.05		66.05	
MEDICAL SUPPLIES	64	1,701	8,047.75	4.73	.576	125.75		2.73	
@DENTIST	28	152	\$ 4,891.00	\$ 32.18	.051	\$ 174.68	\$	1.66	
VISITS - DIAGNOSTIC	25	105	1,215.00	11.57	.036	48.60		.41	
ORAL SURGERY	6	20	1,296.00	64.80	.007	216.00		.44	
DRUGS	0	0	.00	.00	.000	.00		.00	
ANESTHESIA	0	0	.00	.00	.000	.00		.00	
PERIODONTICS	0	0	.00	.00	.000	.00		.00	
ENDODONTICS	0	0	.00	.00	.000	.00		.00	
RESTORATIVE DENTISTRY	5	23	1,455.00	63.26	.008	291.00		.49	
PROSTHETICS	0	0	.00	.00	.000	.00		.00	
DENTURES, STAYPLATES	3	4	925.00	231.25	.001	308.33		.31	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 7,618

01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							MONTHLY AVERAGE -				
2,952 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	36 23	100	\$	2,489.29	\$	24.89	.034	\$	69.15	\$.84
DIAGNOSTIC AND ANC. PROCED	23	25		1,115.94		44.64	.008		48.52		.38
EYE APPLIANCES	26	71		1,278.45		18.01	.024		49.17		.43
OTHER OPTOMETRIC SERVICES	2	4		94.90		23.73	.001		47.45		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	5 0	\$		\$	61.21	.002		102.02		.10
NURSE ANESTHESIST	0	0	\$		\$.00	.000			\$.00
NURSE MIDWIFE	0	0	\$		\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	285	1,299	\$		\$	251.75		\$	1147.44	\$	110.78
HOSP INPATIENT TOTAL	36	184		292 , 166.10		1587.86	.062		8115.73		98.97
HSC HOSPITALS	12	64		78,482.01		1226.28	.022		6540.17		26.59
NON-HSC HOSPITAL TOTAL	19	92		209,664.09		2278.96	.031		11034.95		71.02
ACCOMMODATIONS	19	92		74,573.15		810.58	.031		3924.90		25.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	92		74,573.15		810.58	.031		3924.90		25.26
ANCILLARIES	19	0		135,090.94		.00	.000		7110.05		45.76
INPATIENT CROSSOVERS	5	28		4,020.00		143.57	.009		804.00		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	265	1,115		34,855.48		31.26	.378		131.53		11.81
MEDICAL	71	105		6,314.91		60.14	.036		88.94		2.14
SURGERY	21	28		1,993.22		71.19	.009		94.92		.68
PATHOLOGY	104	404		4,548.41		11.26	.137		43.73		1.54
RADIOLOGY	68 142	85		7,741.22 8,888.94		91.07 45.58	.029		113.84		2.62
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		195 298				18.02	.066 .101		62.60 45.89		3.01 1.82
@COUNTY HOSPITAL TOTAL	2	298 6	Ś	5,368.78 229.88	\$.002	ċ	114.94	ċ	.08
CO HOSPITAL INPATIENT TOTAL	0	0	Ş	.00	Ą	.00	.002	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		229.88		38.31	.002		114.94		.08
MEDICAL	2	3		69.18		23.06	.002		34.59		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	v	•				• • •					• • •

RADIOLOGY	0	0	17.04	.00	.000	.00	.01
ROOM USE	2	3	143.66	47.89	.001	71.83	.05
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 7,619
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03

MOP024	FEE-FOR-SERVICE						(01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT						
0 050					MON'			
2,952 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
0.0000000000000000000000000000000000000	0.00	OR DAYS OF CARE	206 701 70	PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	283	1,293 \$	326,791.70	\$ 252.74	·	1154.74	۶ -	110.70
COMM HOSP INPATIENT TOTAL	36	184	292,166.10	1587.86	.062	8115.73		98.97
HSC HOSPITALS	12	64	78,482.01	1226.28	.022	6540.17		26.59
NON-HSC HOSPITALS TOTAL	19	92	209,664.09	2278.96	.031	11034.95		71.02
ACCOMMODATIONS	19	92	74,573.15	810.58	.031	3924.90		25.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	19	92	74,573.15	810.58	.031	3924.90		25.26
ANCILLARIES	19	0	135,090.94	.00	.000	7110.05		45.76
INPATIENT CROSSOVERS	5	28	4,020.00	143.57	.009	804.00		1.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	263	1,109	34,625.60	31.22	.376	131.66		11.73
MEDICAL	69	102	6,245.73	61.23	.035	90.52		2.12
SURGERY	21	28	1,993.22	71.19	.009	94.92		.68
PATHOLOGY	104	404	4,548.41	11.26	.137	43.73		1.54
RADIOLOGY	68	85	7,724.18	90.87	.029	113.59		2.62
ROOM USE	140	192	8,745.28	45.55	.065	62.47		2.96
CROSSOVERS/ALL OTH OUTPTNT		298	5,368.78	18.02	.101	45.89		1.82
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	2	4 \$	993.78	\$ 248.45	.001 \$	496.89	\$.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	2	4	993.78	248.45	.001	496.89		.34
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	2	4 \$	1,643.18	\$ 410.80	.001 \$		\$.56
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	2	4	1,643.18	410.80	.001	821.59		.56
@REHABILITATION FACILITY	1	2 \$	79.90	\$ 39.95	.001 \$		\$.03
HOSPITAL BASED	1	2	79.90	39.95	.001	79.90		.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	103	276 \$	5,269.95	\$ 19.09	.093 \$		\$	1.79
PATHOLOGY	103	275	5,210.45	18.95	.093	50.59		1.77
XO AND OTHERS	1	1	59.50	59.50	.000	59.50		.02
@ORGANIZED OUTPATIENT CLINIC	644	995 \$	124,938.16	\$ 125.57	.337 \$		\$	42.32
CLINIC	4	7	91.84	13.12	.002	22.96		.03
SURGICENTER	4	11	490.30	44.57	.004	122.58		.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	639	977	124,356.02	127.28	.331	194.61		42.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON'I'H-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGI	E 7,620

HONO COONTT	DOITH IN OI DEIN	VICED TON CHON ORDIVI					
					MON	ITHLY AVERA	GE
2,952 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	381	2 , 266 \$	76 , 582.38	\$ 33.80	.768 \$	201.00	\$ 25.94
DURABLE MED. EQUIP.	29	110	15 , 990.15	145.37	.037	551.38	5.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	17	716	10,459.30	14.61	.243	615.25	3.54
AMBULANCES/AIR TRANS	12	684	8,137.68	11.90	.232	678.14	2.76
OTHER TRANS	1	1	5.52	5.52	.000	5.52	.00
OTHER SERVICES	6	31	2,316.10	74.71	.011	386.02	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.001	80.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	2	10	1,281.32	128.13	.003	640.66	.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	68	782.76	11.51	.023	24.46	.27
PHYSICAL THERAPIST	2	8	159.86	19.98	.003	79.93	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	97.16	32.39	.001	97.16	.03
SPEECH AND AUDIOLOGY	5	14	2,639.21	188.52	.005	527.84	.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	115	776	9,359.42	12.06	.263	81.39	3.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	200	558	35,628.20	63.85	.189	178.14	12.07
@CALIF. CHILDREN SERVICES*	43	395 \$	84,871.82	\$ 214.87	.134 \$	1973.76 \$	28.75
@XOVER EXCLUDING STATE HOSP**	87	303 \$	10,992.66	\$ 36.28	.103 \$	126.35 \$	3.72

 \emptyset^\star Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,621 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTRY	THE FOR SERVIC		4 TNIDANIDO	7.10 CODEC 47	C 0		01/1//03
MONO COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRAM	1 - INFANTS	AID CODES 47			20
451 71 707777				31100300 0000	MON		
451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	196	OR DAYS OF CARE	157 060 10	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35	576 \$ 86 \$	157,060.12	\$ 272.67	1.277 \$		
@PHYSICIANS SERVICES		* * '	5,549.80	\$ 64.53 51.09	.191 \$		
OUTPATIENT VISITS	24 8	28	1,430.51		.062	59.60	3.17
OFFICE VISITS	-	11	702.16	63.83	.024	87.77	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	17	728.35	42.84	.038	45.52	1.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	•	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	22	2,491.91	113.27	.049	622.98	5.53
HOSPITAL VISITS	2	2	169.51	84.76	.004	84.76	.38
CRITICAL CARE	3	20	2,322.40	116.12	.044	774.13	5.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.002	37.15	.08
EXAMINATIONS	1	1	37.15	37.15	.002	37.15	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	914.75	114.34	.018	457.38	2.03
PRINCIPAL SURGEON	1	1	728.14	728.14	.002	728.14	1.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	186.61	26.66	.016	186.61	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	4.22	2.11	.004	2.11	.01
RADIOLOGY	5	23	574.94	25.00	.051	114.99	1.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	96.32	48.16	.004	48.16	.21
@PHARMACY	63	92 \$	3,857.53		.204 \$		
PRESCRIPTION DRUGS	62	90	3,845.35	42.73	.200	62.02	8.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	62	90	3 , 845.35	42.73	.200	62.02	8.53
MEDICAL SUPPLIES	2	2	12.18	6.09	.004	6.09	.03
@DENTIST	0	0 \$.00	\$.00	.000 \$		•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	JRES MO	NTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU D	ЕC	2002	P	AGE 7,622
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SER	VICES FOR 185% 1	PROGRAM	1 - INFANTS	AI	D CODES 47	69				
							MO	NT	HLY AVERA	GΕ	
451 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CAR	RE		PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	8	Ş	554.15	\$	69.27		\$	184.72	\$	1.23
NURSE ANESTHESIST	1	7	\$	57.97	Ş	8.28		\$	57.97	\$.13
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	Ş	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00		\$.00		.00
@TOTAL HOSPITAL	30	167	\$	124,623.63	Ş	746.25		\$	4154.12	\$	276.33
HOSP INPATIENT TOTAL	4	77		121,563.80		1578.75	.171		30390.95		269.54
HSC HOSPITALS	3	72		112,805.00		1566.74	.160		37601.67		250.12

@CHIROPRACTOR	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	8	\$	554.15	\$	69.27	.018	\$	184.72	\$	1.23
NURSE ANESTHESIST	1	7	\$	57.97	\$	8.28	.016	\$	57.97	\$.13
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	30	167	\$	124,623.63	\$	746.25	.370	\$	4154.12	\$	276.33
HOSP INPATIENT TOTAL	4	77		121,563.80		1578.75	.171		30390.95		269.54
HSC HOSPITALS	3	72		112,805.00		1566.74	.160		37601.67		250.12
NON-HSC HOSPITAL TOTAL	1	5		8,758.80		1751.76	.011		8758.80		19.42
ACCOMMODATIONS	1	5		4,012.20		802.44	.011		4012.20		8.90
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		4,012.20		802.44	.011		4012.20		8.90
ANCILLARIES	1	0		4,746.60		.00	.000		4746.60		10.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26	90		3,059.83		34.00	.200		117.69		6.78
MEDICAL	6	8		500.81		62.60	.018		83.47		1.11
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	14		113.21		8.09	.031		16.17		.25
RADIOLOGY	5	8		596.45		74.56	.018		119.29		1.32
ROOM USE	23	29		1,147.53		39.57	.064		49.89		2.54
CROSSOVERS/ALL OTH OUTPTNT	17	31		701.83		22.64	.069		41.28		1.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 7,623
MOP024	FEE-FOR-SERVICE						01/17/03
MONO COUNTY		ICES FOR 185% PROGRA	M - INFANTS	AID CODES 47	69		01/1//00
110110 0001111	2011111111 01 21111	1020 1010 1000 110001		1112 00220 17		THLY AVERAG	GE
451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
131 EEIGIBEE	OBLIG	OR DAYS OF CARE	EMI ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30	167 \$	124,623.63	\$ 746.25		4154.12	
COMM HOSP INPATIENT TOTAL	4	77	121,563.80	1578.75	.171	30390.95	269.54
HSC HOSPITALS	4	77	112,805.00	1566.74	.160	37601.67	250.12
	3						
NON-HSC HOSPITALS TOTAL	1	5 5	8,758.80	1751.76	.011	8758.80	19.42
ACCOMMODATIONS	1		4,012.20	802.44	.011	4012.20	8.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	4,012.20	802.44	.011	4012.20	8.90
ANCILLARIES	1	0	4,746.60	.00	.000	4746.60	10.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	90	3,059.83	34.00	.200	117.69	6.78
MEDICAL	6	8	500.81	62.60	.018	83.47	1.11
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	14	113.21	8.09	.031	16.17	.25
RADIOLOGY	5	8	596.45	74.56	.018	119.29	1.32
ROOM USE	23	29	1,147.53	39.57	.064	49.89	2.54
CROSSOVERS/ALL OTH OUTPINT	17	31	701.83	22.64	.069	41.28	1.56
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	*	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	U	7	.00	\$.00	.000 \$		-
ICF DDH	U	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1 \$	13.64	\$ 13.64	.002 \$	13.64	\$.03
PATHOLOGY	1	1	13.64	13.64	.002	13.64	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	114	155 \$	18,894.98	\$	121.90	.344	\$ 165.75	\$	41.90
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	114	155	18,894.98		121.90	.344			41.90
#CALIF DEPT OF HEALTH SERV									PAGE 7,624
MOP024	FEE-FOR-SERVICE		11011111 01 111111111111111111111111111				220 2002	-	01/17/03
MONO COUNTY		ICES FOR 185% PROG	DAM - THEANTS	A T D	CODES 47	60			01/11/05
MONO COUNTI	SOMMAKI OF SERV	ICES FOR 105% FROG	INFANTS	AID	CODES 47		ONTHLY AVER	\ C E	
451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	77777	ACE COCE		S COST PER		COST PER
			EXPENDITORES						
0	11	OR DAYS OF CARE	2 500 40		-	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	7.7	60 \$. ,	Ş		.133		Ş	7.78
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	4	21	1,028.72		48.99	.047	257.18		2.28
BLOOD BANK	0	0	.00		.00 .00 94.22	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	24	2,261.17		94.22	.053	1130.59		5.01
AMBULANCES/AIR TRANS	2	23	461.17		20.05	.051	230.59		1.02
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	1	1	1,800.00	1	800.00	.002	1800.00		3.99
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1	41.00		41.00	.002	41.00		.09
THMC.MODEL-NF.NF.AIDS.MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
DUVCICAL TUEDADICT	1	0	106.07			.018	106.07		.24
DODUNDIE V DAV	0	0	.00		13.26	.000	.00		.00
DDOCMUEMICM / ODMIOMICMC	0	60 \$ 21 0 0 24 23 0 1 0 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00		.00	.000	.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0							
PROSTRETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	U	U	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	U	Ü	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONTHSI DIVIUING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2	5	46.57		9.31	.011	23.29		.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1	1	24.89		24.89	.002	24.89		.06
@CALIF. CHILDREN SERVICES*	15	142 \$		\$	828.07	.315	\$ 7839.10	\$	260.72
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITE							
THE AMOUNTS ARE ALREADY IN									
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOV	Е.						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		REPORT	FOR JAN 2	2002 THRU I	DEC 2002	F	AGE 7,625
MOP024	FEE-FOR-SERVICE							_	01/17/03
MONO COUNTY		ICES FOR 185% PROG	RAM - PREGNANT A	ATD COD	ES 44 48	49			01/11/00
							ONTHLY AVER	AGE.	
500 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST		S COST PER		COST PER
000 111011110	OBLINE	OR DAYS OF CARE				PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	448	2,824 \$	579,663.65		205.26		\$ 1293.89		
@PHYSICIANS SERVICES	91	632 \$		\$	75.33	1.264			95.21
OUTPATIENT VISITS	37	136	5,638.42	Τ'	41.46	.272	152.39	~	11.28
OFFICE VISITS	2	2	65.61		32.81	.004	32.81		.13
HOME VISITS	0	0	.00		.00	.004	.00		.00
EMERGENCY ROOM	18	18	1,210.52		67.25	.036	67.25		2.42
EURIGENCI MOON	10	Τ.Ο	1,210.32		01.23	.050	07.23		۷.47

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	116	4,362.29	37.61	.232	229.59	8.72
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	18	239	29,602.39	123.86	.478	1644.58	59.20
HOSPITAL VISITS	12	30	1,370.57	45.69	.060	114.21	2.74
CRITICAL CARE	10	209	28,231.82	135.08	.418	2823.18	56.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	93	7,755.62	83.39	.186	369.32	15.51
PRINCIPAL SURGEON	7	7	4,967.98	709.71	.014	709.71	9.94
ASSISTANT SURGEON	1	1	186.50	186.50	.002	186.50	.37
ANESTHESIOLOGIST	14	85	2,601.14	30.60	.170	185.80	5.20
OUTPATIENT SURGERY	13	22	1,497.76	68.08	.044	115.21	3.00
PRINCIPAL SURGEON	10	14	1,257.76	89.84	.028	125.78	2.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	8	240.00	30.00	.016	80.00	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	33	872.89	26.45	.066	37.95	1.75
RADIOLOGY	16	77	1,278.23	16.60	.154	79.89	2.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	105.45	35.15	.006	35.15	.21
OTHER SERVICES/ALL X-OVERS	15	29	855.86	29.51	.058	57.06	1.71
@PHARMACY	61	82	\$ 2,205.25	\$ 26.89	.164	\$ 36.15	\$ 4.41
PRESCRIPTION DRUGS	61	82	2,205.25	26.89	.164	36.15	4.41
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	61	82	2,205.25	26.89	.164	36.15	4.41
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000	.00)	.00
ANESTHESIA	0	0		.00		.00	.000	.00)	.00
PERIODONTICS	0	0		.00		.00	.000	.00)	.00
ENDODONTICS	0	0		.00		.00	.000	.00)	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00)	.00
PROSTHETICS	0	0		.00		.00	.000	.00)	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00)	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00)	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	DEC MO		E DOD!					PAGE 7,626
MOP024	FEE-FOR-SERVICE		KES MO	NIH-OF-FAIMENI K.	EFUK.	I FOR DAN 2	LUUZ IHKU I	DEC 2002	1	01/17/03
			DOCD NM	DDECNAME A	TD C	ODEC 44 40	4.0			01/1//03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 185% P	RUGRAM	- PREGNANT A	יט עד.	ODES 44 48		NIMIII		
500			_					ONTHLY AVE		
500 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			ξ	COST PER
	_	OR DAYS OF CAR				R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000			.00
VISITS	0	0		.00		.00	.000	.00)	.00
OTHER SERVICES	0	0		.00		.00	.000	.00)	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00) \$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00)	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00)	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00)	.00
OTHER	0	0		.00		.00	.000	.00)	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000			.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	\$.00		.00
@TOTAL HOSPITAL	165	671	Ś	449,897.27	Ś	670.49	1.342	\$ 2726.65		899.79
HOSP INPATIENT TOTAL	48	260	Y	438,317.12	Y	1685.84	.520	9131.61		876.63
HSC HOSPITALS	5	54		78,020.00		1444.81	.108	15604.00		156.04
NON-HSC HOSPITAL TOTAL	43	206				1749.02	.412	8379.00		720.59
ACCOMMODATIONS	43			360,297.12				2727.49		234.56
	43	206 0		117,281.99		569.33	.412			
ADMINISTRATIVE DAYS		•		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	43	206		117,281.99		569.33	.412	2727.49		234.56
ANCILLARIES	43	0		243,015.13		.00	.000	5651.51		486.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	127	411		11,580.15		28.18	.822	91.18		23.16
MEDICAL	14	15		318.33		21.22	.030	22.74		.64
SURGERY	21	33		2,396.31		72.62	.066	114.13		4.79
PATHOLOGY	86	217		2,174.93		10.02	.434	25.29		4.35
RADIOLOGY	40	40		3,159.24		78.98	.080	78.98	}	6.32
ROOM USE	40	53		2,704.69		51.03	.106	67.62	2	5.41
CROSSOVERS/ALL OTH OUTPTNT	30	53		826.65		15.60	.106	27.56	5	1.65
@COUNTY HOSPITAL TOTAL	2	15	\$	323.51	\$	21.57	.030	\$ 161.76	\$.65
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00)	.00

NON-HSC HOSPITALS TOTAL	0	0		.0	Ω	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.0		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.0		.00	.000	.00		.00
ANCILLARIES	0	0		.0		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	15		323.5		21.57	.030	161.76		.65
MEDICAL	0	0		.0		.00	.000	.00		.00
SURGERY	2	2		54.8		27.42	.004	27.42		.11
PATHOLOGY	1	7		175.2		25.03	.014	175.21		.35
RADIOLOGY	0	0		.0		.00	.000	.00		.00
ROOM USE	2	3		66.8		22.28	.006	33.42		.13
CROSSOVERS/ALL OTH OUTPTNT	2	3		26.6		8.87	.006	13.31		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		TIDES MON						D	AGE 7,627
MOP024	FEE-FOR-SERVICE	-	TOKES MON	VIII OF FAIRENI	KEFOI	NI FOR UAN 2	2002 IIIKO DI	LC 2002	Ε.	01/17/03
MONO COUNTY	SUMMARY OF SERV		PROGRAM	- PRECNANT	ATD (CODES 44 48	A 9			01/1//03
MONO COUNTI	DOMMANT OF BENV	ICES FOR 1038	TROOMAN	TREGNANT	AID (CODED II IO		NTHLY AVERA	CF	
500 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURE	74 2	ERAGE COST				COST PER
300 EDIGIDDES	ODEIG	OR DAYS OF CA		EXIENDITORE		ER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	656	\$	449,573.7				\$ 2758.12		899.15
COMM HOSP INPATIENT TOTAL	48	260	Υ	438,317.1		1685.84	.520	9131.61	٧	876.63
HSC HOSPITALS	5	54		78,020.0		1444.81	.108	15604.00		156.04
NON-HSC HOSPITALS TOTAL	43	206		360,297.1		1749.02	.412	8379.00		720.59
ACCOMMODATIONS	43	206		117,281.9		569.33	.412	2727.49		234.56
ADMINISTRATIVE DAYS	0	0		.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
ALL OTHER ACCOM	43	206		117,281.9		569.33	.412	2727.49		234.56
ANCILLARIES	43	0		243,015.1		.00	.000	5651.51		486.03
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	125	396		11,256.6		28.43	.792	90.05		22.51
MEDICAL	14	15		318.3		21.22	.030	22.74		.64
SURGERY	19	31		2,341.4		75.53	.062	123.24		4.68
PATHOLOGY	85	210		1,999.7		9.52	.420	23.53		4.00
RADIOLOGY	40	40		3,159.2		78.98	.080	78.98		6.32
ROOM USE	38	50		2,637.8		52.76	.100	69.42		5.28
CROSSOVERS/ALL OTH OUTPINT	28	50		800.0		16.00	.100	28.57		1.60
@STATE HOSPITAL	0	0	\$.0		.00	.000		Ś	.00
MENTALLY ILL	0	0		.0		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.0		.00	.000	.00		.00
@NURSING FACILITY	Õ	0	\$.0		.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	r	.0	-	.00	.000	.00	,	.00
LEV B-REHAB MD	0	0		.0		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	Õ	Ö		.0		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
LEV D DECLIAD	0	0		.0		.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00		.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	68	106	\$	2,071.99	\$	19.55	.212	\$ 30.47	\$	4.14
PATHOLOGY	68	106		2,071.99		19.55	.212	30.47		4.14
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	248	525	Ś	59,112.51		112.60	1.050		Ś	118.23
CLINIC	0	0	т.	.00	'	.00	.000	.00	4	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
	248	525		59,112.51		112.60		238.36		
RURAL HEALTH CLINIC			DEC M				1.050		ъ.	118.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		KES MO	JNTH-OF-PAYMENT I	REPORT	FOR JAN .	ZUUZ THRU D	EC 2002	PF	AGE 7,628
MOP024	FEE-FOR-SERVICE/									01/17/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR 185% PF	ROGRAI	M - PREGNANT	AID CC	DES 44 48				
								NTHLY AVERA	.GE -	
500 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS		(COST PER
		OR DAYS OF CARE	2		PEF	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	57	808	\$	18,770.01	\$	23.23	1.616	\$ 329.30	\$	37.54
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	9	749		14,794.40		19.75	1.498	1643.82		29.59
AMBULANCES/AIR TRANS	a	746		9,919.40		13.30	1.492	1102.16		19.84
OTHER TRANS	0	740				.00	.000	.00		.00
	0	3		.00						
OTHER SERVICES	0			4,875.00		1625.00	.006	1625.00		9.75
ACUPUNCTURE	•	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	46	46		3,772.00		82.00	.092	82.00		7.54
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		.00
NONINST BIRTHING CENTERS	0	0				.00				
LOCAL EDUCATION AGENCIES	U	U		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	U	U		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2	13		203.61		15.66	.026	101.81		.41
@CALIF. CHILDREN SERVICES*	5	113	\$	73,847.46	\$	653.52	.226	\$ 14769.49	\$	147.69
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	TE INFORMATION 1	TEM (ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE DETAIL	LINES	S ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES AF	BOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE			ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	EC 2002	P7	AGE 7,629
MOP024	FEE-FOR-SERVICE/									01/17/03
MONO COUNTY	SUMMARY OF SERVI		POST	PARTIM PROGRAM		AID CODE	76			01,11,00
110110 0001111	COLUMN OF CHICKI	OLD TOIL OU DAT	1001	111111011 11100111111		1110 0000		NTHLY AVERA	GE .	
07 FITCIBLES	HCEDC	INTER OF CEDUTCE	7	EADENDIMIDEC	7\ 7.77.	DACE COCE	OVEC / DAVIC		<u></u>	COUR DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

07 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

## OFFICIAL ALL PROVIDERS 22 53 S 19,571,34 3 580,27 7,571 3 89,61 8 270,51 ## OFFICIAL STATES 1 1 1 32,31 32,31 24,31 32,41 3		22	E 2 6	10 571 24	ć 260.27	7 571 6	000 61	Ċ 270E 01
OFFICE VISITS	- •			•	•			•
CFFICE VISITES	-			,	•			•
EMPRECION ROOM EMPRECION ROOM 1 1 2 4.38 24.38 1.41 24.38 3.48 PRIVENTIVE CARE PRIVENTIVE CARE 0 0 0.0 1.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		1						
MEMBRESHOY ROOM		0						
PREVENTIVE CARE		0	1					
OTHER COUPENTERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1					
OTHER QUIPATITEST O		0	•					
INPATIENT VISITES		0						
HOSPITAL VISITS		•	-					
CRITICAL CARE SNYICES/TRANS ID CARE 0 0 0 0 0 0 000 000 000 000 OPHTHALMOLOGICAL SERVICES 0 0 0 0 0 0 0 000 000 000 000 SEXMINITIONS 0 0 0 0 0 0 0 0 000 000 000 SEXMINITIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•				
REFICE/FRANS IP CARE O 0 0 0.00 .000 .000 .000 .000 .000 .00		0						
DEPHINAMOLOGICAL SERVICES		1		•				
EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0.00 .00 .000 .00 .00 .00 .00 .0	- · · · · · · · · · · · · · · · · · · ·	0						
SERVICES AND MATERIALS 0 0 0.00 .00 .000 .000 .00 .00 .00 .00		0	•					
NAMELICATION STREET		0	•					
PRINCIPAL SURCEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	•					
AMSSITANT SURGEON AMSSITHESICLOGIST O O O O O O O O O O O O O O O O O O O		0	•					
ANESTHESIOLOGIST 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		•						
OUTPATIENT SURGERY 0 0 0 0 00 00 00 00 00 00 00 00 00 00		•	•					
PRINCIPAL SURGEON 0 0 0 00 000 000 000 000 000 ANSISTANT SURGEON 0 0 0 0 00 000 000 000 000 000 ANSISTANT SURGEON 0 0 0 0 00 000 000 000 000 000 000 ANSISTHESIOLOGIST 0 0 0 0 0 00 000 000 000 000 000 000		0	•					
ASSISTANT SURGEON ANESTHESICLOGIST O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	•					
ANESTHESIOLOGIST 0 0 0 0.00 0.00 0.00 0.00 0.00 PATHOLOGY 0 0 0 0.00 0.00 0.00 0.00 0.00 PATHOLOGY 0 0 0 0.00 0.00 0.00 0.00 0.00 PSYCHIATRY 0 0 0 0.00 0.00 0.00 0.00 0.00 PSYCHIATRY 0 0 0 0.00 0.00 0.00 0.00 0.00 PSYCHIATRY 0 0 0 0.00 0.00 0.00 0.00 0.00 PHARMACY 1 1 1 \$ 41.39 \$ 41.39 1.43 \$ 41.39 \$ 5.91 PRESCRIPTION DRUGS 1 1 1 41.39 \$ 41.39 1.43 \$ 41.39 \$ 5.91 SNF/ICF 0 0 0 0 0.00 0.00 0.00 0.00 0.00 OUTHINGTHISTS 1 1 1 41.39 41.39 1.43 \$ 41.39 \$ 5.91 MEDICAL SUPPLIES 0 0 0 0 0 0.00 0.00 0.00 0.00 VISITS - DIAGNOSTIC 0 0 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 1 1 1 41.39 41.39 1.43 \$ 11.39 \$ 5.91 MEDICAL SUPPLIES 0 0 0 0 0 0.00 0.00 0.00 0.00 ORAL SUPPLIES 0 0 0 0 0 0.00 0.00 0.00 0.00 VISITS - DIAGNOSTIC 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 1 1 1 41.39 41.39 1.43 41.39 5.91 MEDICAL SUPPLIES 0 0 0 0 0.00 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0 0 0 0 0.00 0.00 0.00 0.00 PRESCRIPTION DRUGS 0 0 0 0 0 0 0 0 0 0.00 0.00 0.00 0.00		0	•					
DIALYSIS O		0						
PATHOLOGY RADIOLOGY RADIOL		0	•					
RADIOLOGY		0	•					
NUMBER		0						
IMMUNIZATION AND INJECTION		0	•					
OTHER SERVICES/ALL X-OVERS O		0	•					
PRESCRIPTION DRUGS		0						
PRESCRIPTION DRUGS 1 1 1 41.39 41.39 .143 41.39 5.91 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0						
SNF/ICF	-	1	1 \$	•	•			
OUTPATIENTS 1 1 1 41.39 41.39 .143 41.39 5.91 MEDICAL SUPPLIES 0 0 0 0.00 .00 .00 .00 .00 .00 MEDICAL SUPPLIES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 MEDICAL SUPPLIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 VISITS - DIAGNOSTIC 0 0 0 0 .00 .00 .00 .00 .00 .00 VISITS - DIAGNOSTIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 ORAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1	1					
MEDICAL SUPPLIES 0 0 0 0 00 00 00 00 00 00 00 00 00 00	SNF/ICF	0						
## CDENTIST		1						
VISITS - DIAGNOSTIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL SUPPLIES	0						
ORAL SURGERY 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	@DENTIST	0		•	•			•
DRUGS 0 0 0 .00 .00 .000 .000 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .000 .000 .00 .00 PERIODONTICS 0 0 0 .00 .00 .00 .000 .00 .00 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 FRACTURES DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,630 MOP024 MOP024 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 O7 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	VISITS - DIAGNOSTIC	•	•					
ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		<u>~</u>	•					
PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	•					
ENDODONTICS 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00		•	•					
RESTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
PROSTHETICS 0 0 0 .00 .00 .000 .000 .00 .000 DENTURES, STAYPLATES 0 0 0 .00 .00 .000 .000 .000 .000 SPACE MAINTAINERS 0 0 0 .00 .00 .000 .000 .000 .000 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .000 .000 .000 .000 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .000 .000 .000 .000 ORTHODONTIC SERVICES 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER SERVICES 0 0 0 .00 .00 .000 .000 .000 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,630 MOP024 MOP024 FEE-FOR-SERVICE/DENTAL .01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE		0	0					
DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .000 .00	DENTURES, STAYPLATES	0	•					
FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		· ·						
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		· ·			.00			
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,630 MOPO24 FEE-FOR-SERVICE/DENTAL MONO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		0	0		.00		.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,630 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE		·						
MOP024 FEE-FOR-SERVICE/DENTAL MONO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		•	•					
MONO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	•
MONTHLY AVERAGE 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	MONO COUNTY	SUMMARY OF SERVICE	S FOR 60-DAY PO	OST PARTUM PROGRAM	AID CODE	76		
	07 ELIGIBLES			EXPENDITURES			COST PER	

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

DIAGNOSTIC AND ANC. PROCED 0	@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
OTHER OPTOMETRIC SERVICES 0 <td>DIAGNOSTIC AND ANC. PROCED</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
## CHIRDPRACTOR	EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
PODIATRIST	VISITS	0	0	.00	.00		.00	.00
MEDICINE/INJECTIONS 0 0 .00	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
SURGERY/ANES. 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
RADIO./PATHOLOGY OTHER O O OTHER O O OTHER O O O O OTHER O O O O OTHER O O O O O O O O O O O O O O O O O O O	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
OTHER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY 0 0 \$.00 .00 .00 .00 .00 .00 .00	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST 0 0 0 \$.00	OTHER	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE 0 0 \$.00 .00 <t< td=""><td>@HOME HEALTH AGENCY</td><td>0</td><td>0</td><td>\$.00</td><td>\$.00</td><td>.000</td><td>\$.00</td><td>\$.00</td></t<>	@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 0 \$.00 .00	NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00	NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
## STOTAL HOSPITAL 3	PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL 2 9 15,354.56 1706.06 1.286 7677.28 2193.51 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 2 9 15,354.56 1706.06 1.286 7677.28 2193.51 ACCOMMODATIONS 2 9 4,938.30 548.70 1.286 2469.15 705.47 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 9 4,938.30 548.70 1.286 2469.15 705.47 .00 <	FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HSC HOSPITALS 0 0 .00	@TOTAL HOSPITAL	3	11	\$ 15,442.56	\$ 1403.87	1.571	\$	\$ 2206.08
NON-HSC HOSPITAL TOTAL 2 9 15,354.56 1706.06 1.286 7677.28 2193.51 ACCOMMODATIONS 2 9 4,938.30 548.70 1.286 2469.15 705.47 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00	HOSP INPATIENT TOTAL	2	9	15,354.56	1706.06	1.286	7677.28	2193.51
ACCOMMODATIONS 2 9 4,938.30 548.70 1.286 2469.15 705.47 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	2	9	15,354.56	1706.06	1.286	7677.28	2193.51
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .05 .47 .47 .4938.30 .548.70 1.286 .2469.15 .705.47 .47 .47 .4938.30 .548.70 .00 .00 .00 .5208.13 .1488.04 .488.04 .00 .0	ACCOMMODATIONS	2	9	4,938.30	548.70	1.286	2469.15	705.47
ALL OTHER ACCOM 2 9 4,938.30 548.70 1.286 2469.15 705.47 ANCILLARIES 2 0 10,416.26 .00 .000 5208.13 1488.04 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .000 .00 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 HOSP OUTPATIENT TOTAL 1 2 88.00 44.00 .286 88.00 12.57 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 2 0 10,416.26 .00 .000 5208.13 1488.04 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .000 .000 .000 .000	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00	ALL OTHER ACCOM	2	9	4,938.30	548.70	1.286	2469.15	705.47
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	2	0	10,416.26	.00	.000	5208.13	1488.04
HOSP OUTPATIENT TOTAL 1 2 88.00 44.00 .286 88.00 12.57 MEDICAL 0 0 .00 <	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .00 .00 .00 .00	HOSP OUTPATIENT TOTAL	1	2	88.00	44.00		88.00	12.57
	MEDICAL	0	0	.00	.00			.00
PATHOLOGY 0 0 4.14 .00 .000 .00 .59		0	0					
	PATHOLOGY	0	0	4.14	.00	.000	.00	.59

RADIOLOGY	0	0	8.13	.00	.000	.00	1.16
ROOM USE	1	1	57.13	57.13	.143	57.13	8.16
CROSSOVERS/ALL OTH OUTPINT	1	1	18.60	18.60	.143	18.60	2.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE:	S MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,631
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	60-DAY P	OST PARTUM PROGRAM	AID CODE	76		
					MONT	HLY AVERAG	E

					MC	NTHLY AVERA	ωGE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	11	\$ 15,442.56	\$ 1403.87	1.571	\$ 5147.52	\$	2206.08
COMM HOSP INPATIENT TOTAL	2	9	15,354.56	1706.06	1.286	7677.28		2193.51
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	9	15 , 354.56	1706.06	1.286	7677.28		2193.51
ACCOMMODATIONS	2	9	4,938.30	548.70	1.286	2469.15		705.47
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	9	4,938.30	548.70	1.286	2469.15		705.47
ANCILLARIES	2	0	10,416.26	.00	.000	5208.13		1488.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1	2	88.00	44.00	.286	88.00		12.57
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	4.14	.00	.000	.00		.59
RADIOLOGY	0	0	8.13	.00	.000	.00		1.16
ROOM USE	1	1	57.13	57.13	.143	57.13		8.16
CROSSOVERS/ALL OTH OUTPINT	1	1	18.60	18.60	.143	18.60		2.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	98.00	\$	16.33	.857	\$	16.33	\$	14.00
PATHOLOGY	6	6		98.00		16.33	.857		16.33		14.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	17	\$	2,147.09	\$	126.30	2.429	\$	178.92	\$	306.73
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	17		2,147.09		126.30	2.429		178.92		306.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,632
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PART	UM PROGRAM		AID CODE	E 76				
							M	ONT	HLY AVERA	.GE	

07 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$.00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$ \$.00 .00 \$.00 .000 .00 \$.00 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,633 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 MONO COUNTY

## SERVICES USERS DIVINS OF SERVICE REPRIDITURES AVERAGE COST FOR PRINTED	MONO COUNTY	SUMMARY OF SER	VICES FOR 185%/60-DAY	PP AID CODES	44 47 48 49 69			
COTAL, ALL PROVIDERS								
## STORY CONTROLLERS 666 3.453 756,295.11 5 219.03 3.604 \$1135.58 779.45 ## STRYSTICES 128 736 54.99.172 74.73 7.68 429.96 75 7.493.11 7.747 OUTRATIENT VISITS 62 165 7.093.31 42.99 1.72 114.41 7.48 OFFICE VISITS 10 13 767.77 7.090.01 76.75 7.68 ## STRYSTICES 10 13 767.77 7.090.01 7.090.00 7.090.	958 ELIGIBLES	USERS		EXPENDITURES				
### OFFICE VISITS 62 165 7,7033.31 42.99 172 114.41 7.40 OFFICE VISITS 10 13 767.77 59.66 0.14 76.78 8.80 OFFICE VISITS 10 13 767.77 59.66 0.14 76.78 8.80 OFFICE VISITS 10 13 767.77 59.66 0.14 76.78 8.80 OFFICE VISITS 10 13 767.77 59.66 0.14 76.78 8.80 OFFICE VISITS 10 10 13 767.77 59.66 0.14 76.78 8.80 OFFICE VISITS 10 10 10 0.00 0.00 0.00 0.00 0.00 0.00				=== 00= 11				
CUIPATIENT VISITES 62	•		•		•			
OFFICE VISITS 10 13 767.77 59.66 .014 76.78 8.80 HOME VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00				•				
BOME VISITS				•				
EMERGENCY NOOM								
PREVENETURE CARE		-						.00
OF VISITS/COMPRE PERT	EMERGENCY ROOM	35	36	1,963.25	54.53	.038	56.09	2.05
OTHER OUTPAITENT	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
THATIENT VISITIS	OB VISITS/COMPRE PERI	19	116	4,362.29	37.61	.121	229.59	4.55
ROSPITAL VISITS	OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
CRITICAL CARE 14 246 32,372,14 131.59 .257 2312.30 33.79 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT VISITS	23	278	33,912.22	121.99	.290	1474.44	35.40
CRITICAL CARE 14 246 32,372,14 131.59 .257 2312.30 33.79 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	14	32	1,540.08	48.13	.033	110.01	1.61
Dehthalmological Services	CRITICAL CARE	14	246		131.59	.257	2312.30	33.79
EXAMINATIONS 1 1 1 37.15 37.15 0.01 37.15 0.0 0 0.00 0.00 0.00 0.00 0.00 0.00	SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	.04
SERVICES AND MATERIALS 0		1	1					.04
INPATIENT HOSPITAL SURGENY 21 93 7,755.62 83.39 .097 369.32 8.10		0	0	.00	.00		.00	
PRINCIPAL SURGEON 7 7 4,967.98 709.71 .007 709.71 5.19 ASISTANT SURGEON 1 1 1 1 186.50 186.50 .001 186.50 .021 ANESTHESIOLOGIST 14 85 2.601.14 30.60 .089 185.80 2.72 OUTPATIENT SURGERY 15 30 2.412.51 80.42 .031 160.83 2.52 PRINCIPAL SURGEON 11 15 15 1,985.90 132.39 .016 180.54 2.07 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 AMESTHESIOLOGIST 4 15 46.61 28.44 .016 106.65 .45 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		21						
ASSISTANT SURGEON 1 1 1 1 186.50 186.50 .001 186.50 .019 ANESTHESIOLOGIST 14 85 2,601.14 30.60 .089 185.80 2.72 OUTPATIENT SURGENY 15 30 2,412.51 80.42 .031 160.83 2.52 PRINCIPAL SURGEON 11 15 30 1,985.90 132.33 .016 180.54 2.07 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 15 426.61 28.44 .016 166.65 .45 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 25 35 87 877.11 25.06 .037 35.08 .92 RADIOLOGY 21 100 1,853.17 18.53 .104 88.25 1.93 PSYCHIATRY 0 0 0 1,853.17 18.53 .104 88.25 1.93 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0				•				
ANESTHESIOLOGIST 14 85 2,601.14 30.60 .089 185.80 2.72 OUTPATIENT SURGERY 15 30 2,412.51 80.42 .031 160.83 2.52 PRINCIPAL SURGEON 11 15 1,985.90 132.39 .016 180.54 2.07 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0				•				
OUTPATIENT SURGERY								
PRINCIPAL SURGEON 11 15 1,985.90 132.39 .016 180.54 2.07 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 ANSSTRESIOLIST 4 15 426.61 28.44 .016 166.65 .45 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 25 35 877.11 25.06 .037 35.08 .92 RADIOLOGY 21 100 1,883.17 18.53 .104 88.25 1.93 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INSECTION 3 3 3 105.45 35.15 .003 35.15 .11 OTHER SERVICES/ALL X-OVERS 17 31 952.18 30.72 .032 56.01 .99 PHARMACY 125 175 \$ 6,104.17 \$ 34.88 .183 \$ 48.83 \$ 6.37 PRESCRIPTION DRUGS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 MEDICAL SUPPLIES 2 2 2 12.18 6.09 .002 6.09 .01 PRESCRIPTION GRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
ASSISTANT SURGEON ANESTHESIOLOGIST 4 15 426.61 28.44 .016 106.65 .45 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
ANESTHESIOLOGIST 4 15 426.61 28.44 .016 106.65 .45 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
DIALYSIS								
PATHOLOGY 25 35 35 877.11 25.06 .037 35.08 .92 RADIOLOGY 21 100 1,853.17 18.53 .104 88.25 1.93 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 3 3 3 105.45 35.15 .003 35.15 .11 OTHER SERVICES/ALL X-OVERS 17 31 952.18 30.72 .032 56.01 .99 PHARMACY 125 175 \$ 6,104.17 \$ 34.88 .133 \$ 48.83 \$ 6.37 PRESCRIPTION DRUGS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 MEDICAL SUPPLIES 2 2 2 12.18 6.09 .002 6.09 .01 @DENTIST 0 0 0 \$.00 \$.00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 0 \$.00 \$.00 .00 \$.00 ORAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
RADIOLOGY 21 100 1,853.17 18.53 .104 88.25 1.93 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		•						
PSYCHIATRY								
IMMUNIZATION AND INJECTION 3				•				
OTHER SERVICES/ALL X-OVERS 17 31 952.18 30.72 .032 56.01 .99 @PHARMACY 125 175 \$ 6,104.17 \$ 34.88 .183 \$ 48.83 \$ 6.37 PRESCRIPTION DRUGS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 .00		•						
QPHARMACY 125 175 \$ 6,104.17 \$ 34.88 .183 \$ 48.83 \$ 6.37 PRESCRIPTION DRUGS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 MEDICAL SUPPLIES 2 2 2 12.18 6.09 .002 6.09 .01 QEDRTIST 0 0 \$.00								
PRESCRIPTION DRUGS 124 173 6,091.99 35.21 .181 49.13 6.36 SNF/ICF 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00								
SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 MEDICAL SUPPLIES 2 2 12.18 6.09 .002 6.09 .01 @DENTIST 0 0 \$.00 \$.00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 .00	-		•					•
OUTPATIENTS 124 173 6,091.99 35.21 .181 49.13 6.36 MEDICAL SUPPLIES 2 2 12.18 6.09 .002 6.09 .01 @DENTIST 0 0 0 \$.00 .00 .00 \$.00 \$.00 <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>				•				
MEDICAL SUPPLIES 2 2 12.18 6.09 .002 6.09 .01 @DENTIST 0 0 \$.00 \$.00 .00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 .00		•	•					
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00								
VISITS - DIAGNOSTIC 0 0 .00								
ORAL SURGERY 0 0 0 0 0 00 00 000 000 000 000 000 0	•	•			•			
DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	VISITS - DIAGNOSTIC	-	-					
ANESTHESIA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ORAL SURGERY	-	-		.00			.00
PERIODONTICS 0 0 .0	DRUGS	0	0	.00	.00	.000	.00	.00
ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIA	-		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PERIODONTICS	0	0	.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00	ENDODONTICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES 0 0 .00 <td>RESTORATIVE DENTISTRY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS 0 0 .00 <	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS 0 0 .00 <		0	0	.00				
MAXILLOFACIAL SERVICES 0 0 .00 </td <td>•</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	•	0						
FRACTURES, DISLOCATIONS 0 0 .00<		0	0					
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00		-						
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,634

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MONO COUNTY	SUMMARY OF SERV	ICES FOR 185%/60	J-DAY PP	AID CODES	44 4	/ 48 49 69					
									THLY AVERA	GE	
958 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	8	\$		\$	69.27	.008	Ċ	184.72	Ċ	.58
NURSE ANESTHESIST	1	7	\$	57.97	\$	8.28	.003		57.97	\$.06
	0	0		.00	۶ \$.00		\$.00	\$.00
NURSE MIDWIFE	•	0	\$								
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		\$		\$.00		\$.00		.00
@TOTAL HOSPITAL	198	849	\$		Ş	694.89			2979.61	Ş	615.83
HOSP INPATIENT TOTAL	54	346		575,235.48		1662.53	.361		10652.51		600.45
HSC HOSPITALS	8	126		190,825.00		1514.48	.132		23853.13		199.19
NON-HSC HOSPITAL TOTAL	46	220		384,410.48		1747.32	.230		8356.75		401.26
ACCOMMODATIONS	46	220		126,232.49		573.78	.230		2744.18		131.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	46	220		126,232.49		573.78	.230		2744.18		131.77
ANCILLARIES	46	0		258 , 177.99		.00	.000		5612.57		269.50
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	154	503		14,727.98		29.28	.525		95.64		15.37
MEDICAL	20	23		819.14		35.61	.024		40.96		.86
SURGERY	21	33		2,396.31		72.62	.034		114.11		2.50
PATHOLOGY	93	231		2,292.28		9.92	.241		24.65		2.39
RADIOLOGY	45	48		3,763.82		78.41	.050		83.64		3.93
ROOM USE	64	83		3,909.35		47.10	.087		61.08		4.08
CROSSOVERS/ALL OTH OUTPTNT	48	85		1,547.08		18.20	.089		32.23		1.61
@COUNTY HOSPITAL TOTAL	2	15	\$	323.51	\$	21.57	.016	Ś	161.76	Ś	
CO HOSPITAL INPATIENT TOTAL		0	т	.00	т	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00					
ALL OTHER ACCOM	•			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	15		323.51		21.57	.016		161.76		.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2	2		54.84		27.42	.002		27.42		.06
PATHOLOGY	1	7		175.21		25.03	.007		175.21		.18

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	66.84	22.28	.003	33.42	.07
CROSSOVERS/ALL OTH OUTPINT	2	3	26.62	8.87	.003	13.31	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DE	C 2002	PAGE 7,635
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR 185%/60-DAY	PP AID CODES 44 47	48 49 69 76			

						Mo	ONTHLY AVERA	GE	
958 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COS	ST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	EL.	IGIBLE
@COMMUNITY HOSPITAL TOTAL	196	834	\$	589,639.95	\$ 707.00	.871	\$ 3008.37	\$ 6	615.49
COMM HOSP INPATIENT TOTAL	54	346		575,235.48	1662.53	.361	10652.51	6	600.45
HSC HOSPITALS	8	126		190,825.00	1514.48	.132	23853.13		199.19
NON-HSC HOSPITALS TOTAL	46	220		384,410.48	1747.32	.230	8356.75	4	401.26
ACCOMMODATIONS	46	220		126,232.49	573.78	.230	2744.18		131.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	46	220		126,232.49	573.78	.230	2744.18		131.77
ANCILLARIES	46	0		258,177.99	.00	.000	5612.57	2	269.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	152	488		14,404.47	29.52	.509	94.77		15.04
MEDICAL	20	23		819.14	35.61	.024	40.96		.86
SURGERY	19	31		2,341.47	75.53	.032	123.24		2.44
PATHOLOGY	92	224		2,117.07	9.45	.234	23.01		2.21
RADIOLOGY	45	48		3,763.82	78.41	.050	83.64		3.93
ROOM USE	62	80		3,842.51	48.03	.084	61.98		4.01
CROSSOVERS/ALL OTH OUTPINI	46	82		1,520.46	18.54	.086	33.05		1.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	75	113	\$	2,183.63	\$	19.32	.118	\$	29.12	\$	2.28
PATHOLOGY	75	113		2,183.63		19.32	.118		29.12		2.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	374	697	\$	80,154.58	\$	115.00	.728	\$	214.32	\$	83.67
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	374	697		80,154.58		115.00	.728		214.32		83.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PF	AGE 7,636
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	185%/6	60-DAY PP	AID CODES	44 47	48 49 69 76					

----- MONTHLY AVERAGE -----958 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 22,278.43 \$ 25.67 .906 \$ 327.62 \$ 23.26 @ALL OTHER PROVIDERS 68 868 \$

 22,278.43
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 .0 1,028.72 21 .022 257.18 DURABLE MED. EQUIP. 4 1.07 0 0 .00 BLOOD BANK .00 0 0 HEARING AID DISPENSERS .00 773 MEDICAL TRANSPORTATION 17,055.57 769 10,380.57 AMBULANCES/AIR TRANS 11 10.84 0 Ω .00 OTHER TRANS OTHER SERVICES ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 47 3,813.00 3.98 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .00 PHYSICAL THERAPIST .11 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 .00 .00 .00 .00 .00 9.31 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 46.57 23.29 .005 .05 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	3	14	228.50	16.32	.015	76.17	.24
@CALIF. CHILDREN SERVICES*	20	255	\$ 191,433.94	\$ 750.72	.266	\$ 9571.70	\$ 199.83
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,637
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DIS	REGARD - AGED	AID CODE	16		
						MON	ITHLY AVERA	GE
29 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	91	\$	4,055.39	\$ 44.56	3.138 \$		\$ 139.84
@PHYSICIANS SERVICES	1	1	\$	15.54	\$ 15.54	.034 \$	15.54	\$.54
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	^	15.54	15.54	.034	15.54	.54
@PHARMACY	3	3	\$	47.80	\$ 15.93	.103 \$		•
PRESCRIPTION DRUGS	2	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	3	^	47.80	15.93	.103	47.80	1.65
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	U	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	U	Ü		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 7,638
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	R TITLE II	DISREGARD - AGED	AID CODE	16		

MONO COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I DISR	EGARD - AGED		AID CODE	16				
								M	TNC	HLY AVERA	GE.	
29 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		19	\$	204.42	\$	10.76	.655	\$	102.21	\$	7.05
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		19		204.42		10.76	.655		102.21		7.05
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	•		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT			19	<u>^</u>	204.42	<u> </u>	10.76	.655	â	102.21	<u> </u>	7.05
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	•		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPEND	ITURE	S MON	TH-OF-PAYMENT RE	EPORT			DEC		PΖ	AGE 7,639
MOP024	FEE-FOR-SERVICE											01/17/03
MONO COUNTY	SUMMARY OF SERV		LE II	DISR	EGARD - AGED		AID CODE	16				, , , , , , , , , , , , , , , , , , , ,
								M	ONT	HLY AVERA	GE -	
29 ELIGIBLES	USERS	UNITS OF SEF	RVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	1	. 9	\$	204.42	\$	10.76	.655	\$	102.21	\$	7.05
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	1	. 9		204.42		10.76	.655		102.21		7.05
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	1	. 9		204.42		10.76	.655		102.21		7.05
@STATE HOSPITAL	0			\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		-	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0			\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0			\$.00	\$.00	.000	\$		\$.00
HOCDITAL DACED	0		\cap		0.0		$\cap \cap$	$\cap \cap \cap$		0.0		$\cap \cap$

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HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

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1 0 0 0 1		1 0 0 0 1	\$	199.60 .00 .00 .00 199.60	\$	199.60 .00 .00 .00	.000 .000 .000 .034	.00 .00 .00	·	6.88 .00 .00 .00
		ENDITUR	ES M	ONTH-OF-PAYMENT F	REPOR'	r for Jan 2	2002 THRU DE	EC 2002	Р	AGE 7,640 01/17/03
SUMMARY OF SERV	ICES FOR 5	TITLE I	I DI	SREGARD - AGED		AID CODE	16			
							MON	ITHLY AVERA	GE	
USERS				EXPENDITURES				COST PER		COST PER
	OR DAYS (ELIGIBLE
13		67	\$	•	\$		· ·		\$	123.73
0		0								.00
0		0								.00
0		0		.00		.00	.000			.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
1		2		24.44		12.22	.069	24.44		.84
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
	FEE-FOR-SERVICE SUMMARY OF SERV	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR USERS UNITS OF OR DAYS	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE I USERS UNITS OF SERVICE OR DAYS OF CARE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O	0 0 0 .00 0 0 .00 0 0 .00 1 1 1 199.60 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED USERS UNITS OF SERVICE EXPENDITURES AVI OR DAYS OF CARE PEI 13 67 \$ 3,588.03 \$ 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	O	O	O	O

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	65		3,563.59	54.82	2.241	296.97	122.88
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	41	\$	678.26	\$ 16.54	1.414	\$ 67.83	\$ 23.39
A* TOTALS IN THESE LINES ARE CIVEN I	AC A CEDARATE	T TNEORMATTON T	TTEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,641
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY	SUMMARY OF SERV	ICES FOR	TITLE :	II DI	ISREGARD - BLIND	AID	CODES 26	6A			-, ,
								MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST	T PER
		OR DAYS	OF CAR	₹.		PER	. UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000		\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@ PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0					.00
PROSTHETICS	U	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	S MONTH-OF-PAYMENT F				PAGE 7,642
MOP024			S MONIH-OF-FAIMENI F	CEPURI FUR UAN	2002 IRKO DI	LC 2002	01/17/03
	FEE-FOR-SERVICE				C C=		01/1//03
MONO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGARD - BLIND	AID CODES 2			
					MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0						
@CHIROPRACTOR	U		\$.00	\$.00	.000		
VISITS	O	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00
-	0						
NURSE ANESTHESIST	0	0	\$.00	\$.00			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
RADIOLOGY				.00	.000		
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	· ·					PAGE 7,643
MOP024	FEE-FOR-SERVICE/DE		ONIH OF FAIRENT KI	SPORT FOR UAN 2	.002 IIIKO DEK	2002	01/17/03
MONO COUNTY	SUMMARY OF SERVICE;		SREGARD - BLIND	AID CODES 26	6 A		01/11/03
MONO COONTI	SOPPART OF SERVICE.	J TON TITLE II DI	SKEGAKD DEIND	AID CODES 20	MON'	THIY AVERA	GE
00 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 111011110		R DAYS OF CARE	EMPITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	Ő	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	Ö	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 7,644
MOP024	FEE-FOR-SERVICE/						01/17/03
MONO COUNTY		CES FOR TITLE II DISR	EGARD - BLIND	AID CODES 26	6A		01/1//00
110110 0001111				THE CODES 20	MONT	HIY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EHIGIDIES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE 0 \$.00	\$.00	.000 \$.00	-
-	0	0		.00	·	.00	•
DURABLE MED. EQUIP.	0		.00		.000		.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	Ü	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
	0	· ·		\$.00			
@CALIF. CHILDREN SERVICES*	. 0	0 \$ 0 \$.00		.000 \$.00	•
@XOVER EXCLUDING STATE HOSP**	•		• • • •	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE			•				
THE AMOUNTS ARE ALREADY IN			AROVE.				
** THESE DATA ARE INCLUDED I					2000		
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	FORT FOR JAN 2	ZUUZ THRU DEC	2002	PAGE 7,645
MOP024	FEE-FOR-SERVICE/	DEN'I'AL			_		01/17/03

12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

MONO COUNTY

@TOTAL, ALL PROVIDERS	10	41 \$	808.21 \$	19.71	3.417 \$	80.82 \$	67.35
@PHYSICIANS SERVICES	0	0 \$.00 \$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	10	39 \$	734.21 \$	18.83	3.250 \$	73.42 \$	61.18
PRESCRIPTION DRUGS	10	39	734.21	18.83	3.250	73.42	61.18

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	39	734.21	18.83	3.250	73.42	61.18
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,646
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 0 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 Ω .00 .000 .00 .00 OTHER .00 .00 .000 \$.00 .00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$.00 NURSE MIDWIFE .000 .00 Ś .00 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .000 .00 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,647
FEE-FOR-SERVICE/DENTAL						01/17/03
SUMMARY OF SERVICES FOR	TITLE II	DISREG - DISABLED A	ID CODES 36 6	6 6C		
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0

MONO COUNTY	SUMMARY OF SERV	ICES FOR	TITLE II	DISF	REG - DISABLED A	ID CODES 36	66 6C				
								MON	THLY AVERAG	GE -	
12 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ST UNITS/D	-	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00) \$		\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00			.00		.00
HSC HOSPITALS	0		0		.00	.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00			.00		.00
ACCOMMODATIONS	0		0		.00	.00	.00)	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.00)	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.00)	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.00)	.00		.00
ANCILLARIES	0		0		.00	.00	.00)	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.00)	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.00)	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.00)	.00		.00
MEDICAL	0		0		.00	.00	.00)	.00		.00
SURGERY	0		0		.00	.00	.00)	.00		.00
PATHOLOGY	0		0		.00	.00	.00)	.00		.00
RADIOLOGY	0		0		.00	.00	.00)	.00		.00
ROOM USE	0		0		.00	.00	.00)	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.00)	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.00) \$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.00)	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.00)	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.00) \$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.00)	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.00)	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.00)	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.00)	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.00)	.00		.00
LEV B-REGULAR	0		0		.00	.00	.00)	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.00) \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	74.00	\$	37.00	.167	\$	74.00	\$	6.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		74.00		37.00	.167		74.00		6.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2002	? THRU	DEC	2002	PA	GE 7,648
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISF	EG - DISABLED A	ID CO	DES 36 66 6C					

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 .00 .000 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .000 PROSTHETICS .00 .00 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 \$.00 .00 \$ @CALIF. CHILDREN SERVICES* .00 .000 \$.00 .00 \$.00 .00 @XOVER EXCLUDING STATE HOSP** .000 \$ \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,649

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

ORLITHINES				 		MON7	HLY AVERA	GE -	
#TOTAL_ALL FROVIDERS	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
### EPHSTICIANS SERVICES 0 0 0 \$.00			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
OUTPATIENT VISITS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOME VISITS	OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	OFFICE VISITS	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE O 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	HOME VISITS	0	0	.00	.00	.000	.00		.00
OB VISTS/COMPRE PERI	EMERGENCY ROOM	0	0		.00	.000	.00		.00
OTHER OUTPARIENT O	PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
ROSPITAL VISITS	OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
CRITICAL CARE 0 0 0 0 00 00 00 00 00 00 00 00 00 00	INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
SNE/ICF/TRANS IF CARE O	HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOCICAL SERVICES O	CRITICAL CARE	0	0	.00	.00	.000	.00		.00
EXAMINATIONS SERVICES AND MATERIALS O SERVICES AND SERVICES O SERVICES AND MATERIALS O SERVICES AND SERVICES SERVIC	SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS O O O O O O O O O O O O O O O O O O	OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY 0	EXAMINATIONS	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON 0 0 0 0 00 00 00 00 00 00 00 00 00 ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST O O O O O O O O O O O O O O O O O O O	OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
DIALYSIS 0 0 .00 <td>ASSISTANT SURGEON</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALYSIS	0	0	.00	.00	.000	.00		.00
PSYCHIATRY 0	PATHOLOGY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION 0 0 .00	RADIOLOGY	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PSYCHIATRY	0	0	.00	.00	.000	.00		.00
@PHARMACY 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00 .00 .00 SNF/ICF 0 0 .00 <t< td=""><td>OTHER SERVICES/ALL X-OVERS</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td></td><td>.00</td></t<>	OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 0 0 .00 .00 .00 .00 .00 .00 MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 .00 GENTIST 0 0 \$.00 \$.00<	@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENTS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 @DENTIST 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00	SNF/ICF	0	0		.00	.000	.00		.00
©DENTIST 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .	OUTPATIENTS	0	0	.00	.00	.000	.00		.00
VISITS - DIAGNOSTIC 0 0 .00	MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
ORAL SURGERY 0 0 .0	@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DRUGS 0 0 .00	VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ANESTHESIA 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	ORAL SURGERY	0	0	.00	.00	.000	.00		.00
PERIODONTICS 0 0 .0	DRUGS	0	0	.00	.00	.000	.00		.00
ENDODONTICS 0 0 .00	ANESTHESIA	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY 0 0 .00 <td>PERIODONTICS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	PERIODONTICS	0	0	.00	.00	.000	.00		.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00	ENDODONTICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00	PROSTHETICS	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00	DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
	SPACE MAINTAINERS	0	0		.00	.000	.00		.00
MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00	MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00	FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00		0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00	ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,650 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

MONO COONTT	SOMMANT OF SERV	ICES FOR	111111111111	r DISKEG	AND FAMILIES	AID CODE		NIMILLY ALTED:		
00 51 5355 53	110770		00011100					NTHLY AVERA	4GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
0.0000000000000000000000000000000000000	0	OR DAYS	OF CARE	^	0.0	PER UNIT/DAY		USER	â	ELIGIBLE
@OPTOMETRIST	U		0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	U		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	Ü		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000		\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$		\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,651
140 D 0 0 4							
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MOPUZ4 MONO COUNTY		/DENTAL ICES FOR TITLE II	DISREGARD - FAMILII	ES AID CODE	46		01/17/03
			DISREGARD - FAMILI	ES AID CODE	2 46 MON'	THLY AVERAG	
			DISREGARD - FAMILII EXPENDITURES	ES AID CODE	MON'	THLY AVERAG	
MONO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II			MON' UNITS/DAYS		GE
MONO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON' UNITS/DAYS PER ELIG	COST PER	GE COST PER ELIGIBLE
MONO COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS	COST PER USER	GE COST PER ELIGIBLE
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	SE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	SE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-OF-	PAYMENT REP	ORT F	OR JAN 2002	THRU	DEC	2002	PAGE	7 , 652
	FEE-FOR-SERVICE/DENTAL									01	/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	A	ID CODE 46					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,653 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

110110 0001111	001111111111111111111111111111111111111			J112 01111.D			MC	NTE	HLY AVERA	GE.	
41 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	26	132	\$	4,863.60	\$	36.85	3.220	\$	187.06	\$	118.62
@PHYSICIANS SERVICES	1	1	\$	15.54	\$	15.54	.024	\$	15.54	\$.38
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		15.54		15.54	.024		15.54		.38
@PHARMACY	13	42	\$	782.01	\$	18.62	1.024	Ś	60.15	\$	19.07
PRESCRIPTION DRUGS	12	39	·	734.21	·	18.83	.951	•	61.18	·	17.91
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	39		734.21		18.83	.951		61.18		17.91
MEDICAL SUPPLIES	1	3		47.80		15.93	.073		47.80		1.17
@DENTIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	0	0	'	.00	'	.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
11/00111111100	0	O		• 0 0		• • • •	.000		• 0 0		• 0 0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 7,654
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES F	FOR TITLE II	DISREGARD				

MONO COUNTY	SUMMARY OF SER	VICES FOR	TITLE I	I DIS	SREGARD			M	∩NT	HIV AVERA	CF	
41 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Z1/F1	RACE COST	UNITS/DAY		COST PER	LOLI	COST PER
41 EDIGIDDES	ODERO		OF CARE		EXIENDITONES		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	OK DAIS	0 CARE	\$.00	\$.00	.000		.00	Ċ	.00
DIAGNOSTIC AND ANC. PROCED	0		0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
	0		-									
OTHER OPTOMETRIC SERVICES	U		0	^	.00	<u> </u>	.00	.000	â	.00	<u> </u>	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	U		0		.00		.00	.000		.00		.00
OTHER SERVICES	Ü		0	_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		19	\$	204.42	\$	10.76	.463	\$	102.21	\$	4.99
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		19		204.42		10.76	.463		102.21		4.99
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	· ·		19				10.76			102.21		4.99
CROSSOVERS/ALL OTH OUTPTNT	0		19	Ċ	204.42	Ċ		.463	ċ		ċ	
@COUNTY HOSPITAL TOTAL	•		-	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES 1	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,655
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVIO	CES FOR TITLE II D	ISREGARD				
					MON	THLY AVERA	GE
41 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	THLY AVERA	GE COST PER
41 ELIGIBLES	USERS (OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY			COST PER ELIGIBLE
41 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS t		EXPENDITURES 204.42		UNITS/DAYS PER ELIG .463 \$	COST PER	COST PER
	USERS T	OR DAYS OF CARE	204.42	PER UNIT/DAY \$ 10.76 .00	UNITS/DAYS PER ELIG .463 \$.000	COST PER USER 102.21 .00	COST PER ELIGIBLE \$ 4.99 .00
@COMMUNITY HOSPITAL TOTAL	USERS TO CONTROL OF THE CONTROL OF T	OR DAYS OF CARE	204.42 .00 .00	PER UNIT/DAY \$ 10.76	UNITS/DAYS PER ELIG .463 \$	COST PER USER 102.21 .00	COST PER ELIGIBLE \$ 4.99
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0 0 0 0	OR DAYS OF CARE	204.42	PER UNIT/DAY \$ 10.76 .00	UNITS/DAYS PER ELIG .463 \$.000	COST PER USER 102.21 .00	COST PER ELIGIBLE \$ 4.99 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0 0 0	OR DAYS OF CARE	204.42 .00 .00	PER UNIT/DAY \$ 10.76 .00	UNITS/DAYS PER ELIG .463 \$.000 .000	COST PER USER 102.21 .00	COST PER ELIGIBLE \$ 4.99 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0 0 0 0	OR DAYS OF CARE	204.42 .00 .00 .00 .00	PER UNIT/DAY \$ 10.76 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .463 \$.000 .000 .000 .000 .000	COST PER USER 102.21 .00 .00 .00 .00	COST PER ELIGIBLE \$ 4.99 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0 0 0 0	OR DAYS OF CARE	204.42 .00 .00 .00	PER UNIT/DAY \$ 10.76 .00 .00 .00 .00	UNITS/DAYS PER ELIG .463 \$.000 .000 .000	COST PER USER 102.21 .00 .00 .00	COST PER ELIGIBLE \$ 4.99 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	204.42 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 10.76 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .463 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 102.21 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 4.99 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	204.42 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 10.76 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .463 \$.000 .000 .000 .000 .000 .000	COST PER USER 102.21 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 4.99 .00 .00 .00 .00 .00

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT	2	1	. 9		204.42		10.76	.463		102.21		4.99
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		3	\$	273.60	\$	91.20	.073	\$	136.80	\$	6.67
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2		3		273.60		91.20	.073		136.80		6.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPEND	ITURE	ES M	MONTH-OF-PAYMENT R	EPOR	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 7,656
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR TIT	LE II	I DI	SREGARD							
								M	ONT	HLY AVERA	GE ·	
41 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF	CARE			PEI	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	13	6	57	\$	3,588.03	\$	53.55	1.634	\$	276.00	\$	87.51
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BIOOD BANK	0		Λ		0.0		0.0	000		0.0		$\cap \cap$

					11011		01
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	67 \$	3,588.03	\$ 53.55	1.634 \$	276.00	\$ 87.51
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	2	24.44	12.22	.049	24.44	.60
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	65		3 , 563.59	54.82	1.585	296.97	86.92
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	41	\$	678.26	\$ 16.54	1.000	\$ 67.83	\$ 16.54
A* MOMAIC IN MURCE IINEC ADE CIVEN		TATEODMARITON	TERM O	NIT V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,657
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED ALD CODE 18

MONO COUNTY	SUMMARY OF SERV	JICES FOR	IN HOME	SUP	PORT - AGED		AID CODE	18				
								Mo	TNC	HLY AVERA	GΕ	
24 ELIGIBLES	USERS	UNITS OF OR DAYS			EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY:	3 (COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14		59	\$	3,277.11	\$	55.54	2.458	\$	234.08	\$	136.55
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	·	.00	.000	·	.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	13		46	\$	2,302.89	\$	50.06	1.917	\$	177.15	\$	95.95
PRESCRIPTION DRUGS	12		41		1,947.83		47.51	1.708		162.32		81.16
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	12		41		1,947.83		47.51	1.708		162.32		81.16
MEDICAL SUPPLIES	1		5		355.06		71.01	.208		355.06		14.79
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
	0	0									
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	Ü	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S YND EABENDILLIS	FS N	MONTH-OF-PAYMENT RE	יק חקרם			ったし		Þ	AGE 7,658
MOP024	FEE-FOR-SERVICE/		. I C II.	TONIII OF FAIMENT RE	71 01/1	. FOR UAN 2	2002 11110 1	ی ندر	2002	Ε.	01/17/03
			OTTE	DODE ACED		ATD CODE	1.0				01/11/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUF	PPORT - AGED		AID CODE				~ =	
0.4							MC				
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3			COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0										
OTHER SERVICES	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	U	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ċ	.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	. 0	0	Ċ	.00	\$.00		\$.00	\$.00
	0	9	ک خ		٠ د			- 1			
@TOTAL HOSPITAL	2		Þ	826.22	Ą	91.80		\$	413.11	\$	34.43
HOSP INPATIENT TOTAL	1	2		792.00		396.00	.083		792.00		33.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	2		792.00		396.00	.083		792.00		33.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	2	7									
HOSP OUTPATIENT TOTAL				34.22		4.89	.292		17.11		1.43
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	7		34.22		4.89	.292		17.11		1.43
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00	,	.00	.000		.00	,	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1100 11001 1111110	•	O .		• 5 0		• • • •	•000		• • • •		• • • •

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT							
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,659
MOPO 24	FEE-FOR-SERVICE/		DDODE ACED	ATD CODE	1.0		01/17/03
MONO COUNTY	SUMMARI OF SERVI	CES FOR IN HOME SU	PPORI - AGED	AID CODE		תוודע אוודה	CE.
24 BLICIDIES	HOEDO	TNITEC OF CEDITOR	EXPENDIBLE	ATTEDACE COCH	MON		
24 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
GOOMMINITHY HOODINAL HOMAL	2	OR DAYS OF CARE	826.22	PER UNIT/DAY	.375 \$	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	9 \$		\$ 91.80			•
COMM HOSP INPATIENT TOTAL	1	2	792.00	396.00	.083	792.00	33.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	792.00	396.00	.083	792.00	33.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	/	34.22	4.89	.292	17.11	1.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	34.22	4.89	.292	17.11	1.43
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEV D DECILIAD	0	0	0.0	0.0	000	0.0	0.0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3		4	\$	148.00	\$	37.00	.167	\$	49.33	\$	6.17
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3		4		148.00		37.00	.167		49.33		6.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITUR	ES MO	NTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,660
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPP	ORT - AGED		AID CODE	18				
								N	TNON	HLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER	C	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	7	\$ 826.22	\$ 118.03	.292	\$ 413.11	\$ 34.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

					MONT	THLY AVERAGI	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 20	02 THRU DE	C 2002	PAGE 7,662
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE 2	8		

MONO COUNTI	SOUMANT OF SERVI	CES FOR IN HO	ME SO	DEFORT - DETIND	r	TID CODE	20				
							MO	ГИC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CA	RE		PER U	JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES I	MONTH-OF-PAYMENT REPO	RT FOR JAN 20	002 THRU DEC	2002	PAGE 7,663
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	PPORT - BLIND	AID CODE 2	28		
				_	MONTE	ILA VALEBUC	F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .00 \$.00 0 .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @STATE HOSPITAL .00 .000 \$.00 0 .00 .000 .00 MENTALLY ILL .00 .00 .000 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURE	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 200)2 THRU	DEC	2002	PAG	E 7,664
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	R IN HOME	SUPPORT	- BLIND		AID CODE 28	3				

----- MONTHLY AVERAGE -----

00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$.00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$ \$.00 .00 \$.00 .000 .00 \$.00 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,665 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

					MON	THLY AVERA	GE
46 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	40	276 \$	11,779.36	\$ 42.68	6.000 \$	294.48	\$ 256.07
@PHYSICIANS SERVICES	5	6 \$	80.56	\$ 13.43	.130 \$	16.11	\$ 1.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		32.46		32.46	.022		32.46		.71
OTHER SERVICES/ALL X-OVERS	4	5		48.10		9.62	.109		12.03		1.05
@PHARMACY	8	48	\$	1,244.56	\$	25.93	1.043	\$	155.57	\$	27.06
PRESCRIPTION DRUGS	8	28		772.91		27.60	.609		96.61		16.80
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	8	28		772.91		27.60	.609		96.61		16.80
MEDICAL SUPPLIES	3	20		471.65		23.58	.435		157.22		10.25
@DENTIST	4	20	\$	2,425.00	\$	121.25	.435	\$	606.25	\$	52.72
VISITS - DIAGNOSTIC	2	6		126.00		21.00	.130		63.00		2.74
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	4		875.00		218.75	.087		437.50		19.02
RESTORATIVE DENTISTRY	3	9		1,394.00		154.89	.196		464.67		30.30
PROSTHETICS	1	1		30.00		30.00	.022		30.00		.65
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	F-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PAC	E 7,666
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SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

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								M	TNC	HLY AVERA	GE	
46 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		6	\$	106.22	\$	17.70	.130	\$	53.11	\$	2.31
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	2		6		106.22		17.70	.130		53.11		2.31
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	4		18	\$	170.15	\$	9.45	.391	\$	42.54	\$	3.70
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	4		18		170.15		9.45	.391		42.54		3.70
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		70	\$	1,300.99	\$	18.59	1.522	\$	216.83	\$	28.28
HOSP INPATIENT TOTAL	1		9		812.00		90.22	.196		812.00		17.65
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

MONO COUNTY

INPATIENT CROSSOVERS	1	9	812.00	90.22		812.00	17.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	61	488.99	8.02	2 1.326	97.80	10.63
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00		.00	.00
	0	0					
PATHOLOGY	Ü	U	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	61	488.99	8.02	1.326	97.80	10.63
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00	.00
	0						
HSC HOSPITALS	Ü	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Û	.00	.00		.00	.00
	0	0	.00	.00		.00	
ALL OTHER ACCOM	0	0					.00
ANCILLARIES	Ü	U	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Û	Ô	.00	.00		.00	.00
	0	0	.00				
SURGERY	U	U		.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		AND EXPENDITURES MOR					PAGE 7,667
MOP024	FEE-FOR-SERVICE/DEI		VIII OI IZIITIDIVI ICD	11 01(1 1 01(01	11 2002 11110 D	10 2002	01/17/03
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	/				60		01,11,00
MONO COUNTY	/	S FOR IN HOME SUPPO	ORT - DISABLED	AID CO			
MONO COUNTY	/		DRT - DISABLED	AID CO		NTHLY AVERA	GE
	SUMMARY OF SERVICES		DRT - DISABLED EXPENDITURES				
	SUMMARY OF SERVICES USERS UNI	S FOR IN HOME SUPPO ITS OF SERVICE		AVERAGE CO	MOI DST UNITS/DAYS	COST PER	GE COST PER
46 ELIGIBLES	SUMMARY OF SERVICES USERS UNI OI	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE	EXPENDITURES	AVERAGE CO	MOI DST UNITS/DAYS DAY PER ELIG	COST PER USER	GE COST PER ELIGIBLE
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVICES USERS UNI	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$	EXPENDITURES 1,300.99	AVERAGE COPER UNIT/I	MOI DST UNITS/DAYS DAY PER ELIG 0 1.522	COST PER USER \$ 216.83	GE COST PER ELIGIBLE \$ 28.28
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00	AVERAGE COPER UNIT/IS 18.59	OST UNITS/DAYS DAY PER ELIG 0 1.522	COST PER USER \$ 216.83 812.00	GE COST PER ELIGIBLE \$ 28.28 17.65
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVICES USERS UNI OI	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$	EXPENDITURES 1,300.99 812.00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 196 0 .000	COST PER USER \$ 216.83 812.00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00	AVERAGE CO PER UNIT/I \$ 18.59 90.22 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 1.96 0.000 0.000	COST PER USER \$ 216.83 812.00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 1.96 0.000 0.000	COST PER USER \$ 216.83 812.00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00	AVERAGE CO PER UNIT/I \$ 18.59 90.22 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 196 0 .000 0 .000 0 .000	COST PER USER \$ 216.83 812.00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	1,300.99 812.00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 196 0 .000 0 .000 0 .000 0 .000 0 .000	COST PER USER \$ 216.83 812.00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	1,300.99 812.00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG P 1.522 1.96 0.000 0.0	COST PER USER \$ 216.83 812.00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVICES USERS UN 6 1	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	1,300.99 812.00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG DE 1.522 DE 1.96 DE 1.000 DE	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	1,300.99 812.00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG O 1.522 2 .196 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG PORT 1.522 1.96 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG PORT 1.522 1.96 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG O	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVICES USERS UN: OF SERVICES OF SERVICES	S FOR IN HOME SUPPO ITS OF SERVICE R DAYS OF CARE 70 \$ 9	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG 0 1.522 2 .196 0 .000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .17.65 .00 17.65
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVICES USERS UNI 6 1 0 0 0 0 0 0 1 0 5 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 61 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG 0 1.522 2 .196 0 .000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 5 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 61 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .17.65 .00 10.63 .00 .00 .00
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 5 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 61 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .17.65 .00 10.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVICES USERS UN: OI 6 1 0 0 0 0 0 0 1 0 5 0 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 9	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 9	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVICES USERS UN: OI 6 1 0 0 0 0 0 0 1 0 5 0 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 9	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG D	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 5 5 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 61 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 61 0 0 61 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG OST 1.522 1.96 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 5 0 0 0 0 0 5 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 61 0 0 0 61 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .17.65 .00 10.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
46 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVICES USERS UN: 01 6 1 0 0 0 0 0 0 0 1 0 0 5 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPORT ITS OF SERVICE R DAYS OF CARE 70 \$ 9 0 0 0 0 0 0 0 0 61 0 0 61 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 1,300.99 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COPER UNIT/IS 18.59 90.22	MOD OST UNITS/DAYS DAY PER ELIG 1.522 2.196 0.000	COST PER USER \$ 216.83 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 28.28 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	14.97	\$ 1	4.97	.022	\$	14.97	\$.33
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		14.97	1	4.97	.022		14.97		.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REP	ORT FO	R JAN 200:	2 THRU	DEC	2002	PAGE	7 , 668
MOP024	FEE-FOR-SERVICE/DENTAL									0.2	L/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT	- DISABLED	AI	D CODE 68					

----- MONTHLY AVERAGE -----

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46 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 33 107 \$ 6,436.91 \$ 60.16 2.326 \$ 195.06 \$ 139.93 0 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 .000
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42.79 .043
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.00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 85.57 MEDICAL TRANSPORTATION 85.57 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 .00 OTHER TRANS 85.57 85.57 OTHER SERVICES ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN 52.16 26.08 1.13 PHYSICAL THERAPIST .00 .00 . 00 .00 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .00

.00

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS	31	101	6,299.18	62.37	2.196	203.20	136.94
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	25	125	\$ 2,386.21	\$ 19.09	2.717	\$ 95.45	\$ 51.87

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,669 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

110110 0001111	2011HALL 01 02HV1020 10H 1H H012 00110H			. 01.1	MONTHLY AVERAGE						
70 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	54	335	\$	15,056.47	\$	44.94	4.786	\$	278.82	\$	215.09
@PHYSICIANS SERVICES	5	6	\$	80.56	\$	13.43	.086	\$	16.11	\$	1.15
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		32.46		32.46	.014		32.46		.46
OTHER SERVICES/ALL X-OVERS	4	5		48.10		9.62	.071		12.03		.69
@PHARMACY	21	94	\$	3,547.45	\$	37.74	1.343	\$	168.93	\$	50.68
PRESCRIPTION DRUGS	20	69		2,720.74		39.43	.986		136.04		38.87
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	20	69		2,720.74		39.43	.986		136.04		38.87
MEDICAL SUPPLIES	4	25		826.71		33.07	.357		206.68		11.81
@DENTIST	4	20	\$	2,425.00	\$	121.25	.286	\$	606.25	\$	34.64
VISITS - DIAGNOSTIC	2	6		126.00		21.00	.086		63.00		1.80
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	4		875.00		218.75	.057		437.50		12.50
RESTORATIVE DENTISTRY	3	9		1,394.00		154.89	.129		464.67		19.91
PROSTHETICS	1	1		30.00		30.00	.014		30.00		.43

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 7,670
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES E	OR IN HOME SUP	PORT				
					M	ONTHIV AVERAG	TF

						M	ONT	THLY AVERA	GΕ	
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$	17.70	.086	\$	53.11	\$	1.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	6	106.22		17.70	.086		53.11		1.52
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	4	18	\$ 170.15	\$	9.45	.257	\$	42.54	\$	2.43
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	4	18	170.15		9.45	.257		42.54		2.43
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	79	\$ 2,127.21	\$	26.93	1.129	\$	265.90	\$	30.39
HOSP INPATIENT TOTAL	2	11	1,604.00		145.82	.157		802.00		22.91
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	11			1,604.00		145.82	.157		802.00		22.91
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	68			523.21		7.69	.971		74.74		7.47
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	7	68			523.21		7.69	.971		74.74		7.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES	MONTH-OF	-PAYMENT RE	PORT	FOR JAN 20	002 THRU	DEC	2002	PAG	E 7,671
MOP024	FEE-FOR-SERVICE/DENTAL		-									01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO		E SI	JPPORT								
			-	-					ONT IT		CE	

70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

COMMUNITY HOSPITAL TOTAL 8 79 \$ 2,127.21 \$ 26.93 1.129 \$ 265.90 \$ 30.39

@COMMUNITY HOSPITAL TOTAL	8	79 \$	2 , 127.21	\$ 26.93	1.129 \$	265.90 \$	30.39
COMM HOSP INPATIENT TOTAL	2	11	1,604.00	145.82	.157	802.00	22.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	11	1,604.00	145.82	.157	802.00	22.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	68	523.21	7.69	.971	74.74	7.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	7	68		523.21		7.69	.971		74.74		7.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	162.97	\$	32.59	.071	\$	40.74	\$	2.33
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		162.97		32.59	.071		40.74		2.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPI	PORT							
							T.		TT V ATTED A	CE	

----- MONTHLY AVERAGE -----70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 195.06 \$ @ALL OTHER PROVIDERS 33 107 6,436.91 60.16 1.529 \$ 91.96 0 0 .00 .000 .00 .00 DURABLE MED. EQUIP. .00 .00 .00 BLOOD BANK 0 0 .00 .000 .00 0 .00 .00 .00 HEARING AID DISPENSERS .000 .00 MEDICAL TRANSPORTATION 85.57 42.79 .029 85.57 1.22 0 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 85.57 42.79 .029 85.57 1.22 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 OPTICIAN 52.16 13.04 .057 26.08 .75 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 ORTHOTICS 0 .00 .00 .000 .00 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	101	6,299.18	62.37	1.443	203.20	89.99
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	27	132	\$ 3,212.43	\$ 24.34	1.886	\$ 118.98	\$ 45.89

0 * TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,673
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MONO COUNTY	SUMMARI OF SER	VICES FOR PUBLIC ASS	ISTANCE - AGED		MON	תחות אוובטאר	'E'
249 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
249 ELIGIBLES	OSEKS	OR DAYS OF CARE	EVERNDI IOVE2	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	137	1,133 \$	34,527.48	\$ 30.47	4.550 \$		\$ 138.66
@PHYSICIANS SERVICES	9	22 \$	260.56	\$ 11.84	.088 \$		\$ 1.05
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	22	260.56	11.84	.088	28.95	1.05
@PHARMACY	98	730 \$	17,294.70	\$ 23.69	2.932 \$		\$ 69.46
PRESCRIPTION DRUGS	93	299	14,286.04	47.78	1.201	153.61	57.37
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	93	299	14,286.04	47.78	1.201	153.61	57.37
MEDICAL SUPPLIES	22	431	3,008.66	6.98	1.731	136.76	12.08
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	Ω	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	U	U					
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 7,674
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIST	TANCE - AGED				
				-	MONT	HLY AVERAG	E

								HLI AVERA			
249 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	11	\$	217.83	\$	19.80	.044	\$	43.57	\$.87
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	4	10		170.38		17.04	.040		42.60		.68
OTHER OPTOMETRIC SERVICES	1	1		47.45		47.45	.004		47.45		.19
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
@TOTAL HOSPITAL	13	60	Ś	2,351.71	Ś	39.20	.241	Ś	180.90	Ś	9.44
HOSP INPATIENT TOTAL	2	5		1,604.00		320.80	.020		802.00		6.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ō	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	5		1,604.00		320.80	.020		802.00		6.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	55		747.71		13.59	.221		62.31		3.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	12	55		747.71		13.59	.221		62.31		3.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	Τ.	.00	.000	т	.00	~	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	J.	· ·		• 0 0		• • •			• • • •		• 0 0

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 7,675
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIST	ANCE - AGED				
					MON'	THLY AVERAG	GE
249 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	60 \$	2,351.71	\$ 39.20	.241 \$	180.90	\$ 9.44
COMM HOSP INPATIENT TOTAL	2	5	1,604.00	320.80	.020	802.00	6.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	5	1,604.00	320.80	.020	802.00	6.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	12	55		747.71		13.59	.221		62.31		3.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00							.00
RADIOLOGY	0	0				.00	.000		.00		.00
ROOM USE	0	O .		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		55		747.71		13.59	.221		62.31		3.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	68.58	\$.00	.000	\$	68.58	\$.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		68.58		.00	.000		68.58		.28
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	·	.00	.000	·	.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	38	61	\$	4,480.60	\$	73.45	.245	\$	117.91	\$	17.99
CLINIC	0	0	·	.00		.00	.000		.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	61		4,480.60		73.45	.245		117.91		17.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M		ZPORT			DEC		PAC	SE 7,676
MOP024	FEE-FOR-SERVICE/DENTAL		1.20 11			2010 01110 2002	111110	200	2002		01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO		ASST	STANCE - AGED							01/1//00
LIOINO COONTI	DOFFERING OF DERIVICED FO)!/ IODHIC	ADDI	OTTAICE AGED			,	40 N T III 1		C.E.	

249 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @ALL OTHER PROVIDERS 45 249 9,853.50 \$ 39.57 1.000 \$ 218.97 \$ 39.57 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 102 507.91 4.98 .410 169.30 2.04 AMBULANCES/AIR TRANS 32 217.21 6.79 .129 217.21 .87 0 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES 70 290.70 4.15 .281 145.35 1.17 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 0 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 10 1,281.32 128.13 .040 640.66 5.15 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 3 5 83.80 OPTICIAN 16.76 .020 27.93 .34 PHYSICAL THERAPIST 24.44 12.22 .008 24.44 .10

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	2,304.91	460.98	.020	1152.46	9.26
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	125	5,651.12	45.21	.502	148.71	22.70
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	204	\$ 4,505.16	\$ 22.08	.819	\$ 118.56	\$ 18.09

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,677
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					MON	THLY AVERAG	E
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	77 \$	1,605.93	\$ 20.86	1.878 \$	73.00	\$ 39.17
@PHYSICIANS SERVICES	3	3 \$	48.21	\$ 16.07	.073 \$	16.07	\$ 1.18
OUTPATIENT VISITS	1	1	.00	.00	.024	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	.00	.00	.024	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	48.21	24.11	.049	24.11	1.18
@PHARMACY	12	22 \$	683.78	\$ 31.08	.537 \$		\$ 16.68
PRESCRIPTION DRUGS	12	22	683.78	31.08	.537	56.98	16.68

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	22	683.78	31.08	.537	56.98	16.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	9 \$	206.00	\$ 22.89	.220	\$ 103.00	\$ 5.02
VISITS - DIAGNOSTIC	2	3	23.00	7.67	.073	11.50	.56
ORAL SURGERY	2	3	128.00	42.67	.073	64.00	3.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	55.00	27.50	.049	55.00	1.34
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.024	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,678
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MOP024 MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MONO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSIS	STANCE - BLIND			MO	NT ITT	III X ATZEDA	C E	
41 FLICIPLES	HOEDO	INTEG OF CEDITOR		EVDENDIMIDEO	7, 7, 7, 77				COST PER	JĽ	COCH DED
41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
O O DEFONDED TOE	0	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG	<u> </u>	USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	U		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	2	10	\$	7.45	\$.75	•	\$	3.73	\$.18
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	10		7.45		.75	.244		3.73		.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	2	3	7.45	2.48	.073	3.73		.18
CROSSOVERS/ALL OTH OUTPINT	2	7	.00	.00	.171	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE	7 , 679
MOP024	FEE-FOR-SERVICE/DENTAL						01,	/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE - BLIND					

MONO COOMIT	DOMMANT OF DEN	VICES FOR TODE	IC ADDI	JIANCE DEIND				
						MON		_
41 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF C			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	10	\$	7.45	\$.75	.244 \$	3.73	\$.18
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10		7.45	.75	.244	3.73	.18
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	3		7.45	2.48	.073	3.73	.18
CROSSOVERS/ALL OTH OUTPINT	2	7		.00	.00	.171	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	4 \$	291.78	\$ 72.95	.098 \$		\$ 7.12
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4	291.78	72.95	.098	97.26	7.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,680
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASS	SISTANCE - BLIND				
					MON	THLY AVERA	GE
41 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	29 \$	368.71	\$ 12.71	.707 \$		\$ 8.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.024	25.00	.61

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MEDICAL TRANSPORTATION

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR	0	0	.00	.0	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	.000	.00	.00
OPTICIAN	0	0	.00	.0	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.0	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0	.000	.00	.00
PROSTHETICS	0	0	.00	.0	.000	.00	.00
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	28	343.71	12.2	.683	57.29	8.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 48.21	\$ 24.1	.049	\$ 24.11	\$ 1.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,681 01/17/03

MONIBULLY ALTERACE

MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MC	ONTHLY AVERA	GE
1,013 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	791	5,685	\$	471,422.87	\$ 82.92	5.612	\$ 595.98	\$ 465.37
@PHYSICIANS SERVICES	149	493	\$	20,463.50	\$ 41.51	.487	\$ 137.34	\$ 20.20
OUTPATIENT VISITS	89	126		5,156.74	40.93	.124	57.94	5.09
OFFICE VISITS	63	87		3 , 187.52	36.64	.086	50.60	3.15
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	26		1,320.15	50.78	.026	57.40	1.30
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	13		649.07	49.93	.013	81.13	.64
INPATIENT VISITS	10	29		2,108.04	72.69	.029	210.80	2.08
HOSPITAL VISITS	10	26		1,389.60	53.45	.026	138.96	1.37
CRITICAL CARE	1	3		718.44	239.48	.003	718.44	.71
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		70.93	35.47	.002	35.47	.07
EXAMINATIONS	2	2		70.93	35.47	.002	35.47	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	67		3,801.60	56.74	.066	345.60	3.75
PRINCIPAL SURGEON	6	7		2,013.95	287.71	.007	335.66	1.99
ASSISTANT SURGEON	1	1		297.84	297.84	.001	297.84	.29
ANESTHESIOLOGIST	4	59		1,489.81	25.25	.058	372.45	1.47
OUTPATIENT SURGERY	17	38		3,419.89	90.00	.038	201.17	3.38
PRINCIPAL SURGEON	13	14		2,709.00	193.50	.014	208.38	2.67
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	24		710.89	29.62	.024	177.72	.70
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	66		644.25	9.76	.065	49.56	.64

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	22	32		2,293.35		71.67	.032		104.24		2.26
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	3		51.87		17.29	.003		17.29		.05
OTHER SERVICES/ALL X-OVERS	54	130		2,916.83		22.44	.128		54.02		2.88
@PHARMACY	530	2,841	\$	163,048.23	\$	57.39	2.805	\$	307.64	\$	160.96
PRESCRIPTION DRUGS	516	1,951		157,454.13		80.70	1.926		305.14		155.43
SNF/ICF	2	9		584.57		64.95	.009		292.29		.58
OUTPATIENTS	515	1,942		156,869.56		80.78	1.917		304.60		154.86
MEDICAL SUPPLIES	41	890		5,594.10		6.29	.879		136.44		5.52
@DENTIST	13	44	\$	3,090.00	\$	70.23	.043	\$	237.69	\$	3.05
VISITS - DIAGNOSTIC	10	28		426.00		15.21	.028		42.60		.42
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	4		875.00		218.75	.004		437.50		.86
RESTORATIVE DENTISTRY	4	10		1,734.00		173.40	.010		433.50		1.71
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	1	1		25.00		25.00	.001		25.00		.02
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,682

FEE-FOR-SERVICE/DENTAL

MOP024

MONO COUNTY

							M	ONI	HLY AVERA	GE	
1,013 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	Ē		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16	44	\$	965.87	\$	21.95	.043	\$	60.37	\$.95
DIAGNOSTIC AND ANC. PROCED	8	9		396.00		44.00	.009		49.50		.39
EYE APPLIANCES	12	32		522.42		16.33	.032		43.54		.52
OTHER OPTOMETRIC SERVICES	1	3		47.45		15.82	.003		47.45		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	18	\$	170.15	\$	9.45	.018	\$		\$.17
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	18		170.15		9.45	.018		42.54		.17
@HOME HEALTH AGENCY	3	5	\$	306.07	\$	61.21		\$	102.02	\$.30
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	121	599	\$	175,022.83	\$	292.19	.591	\$	1446.47	\$	172.78
HOSP INPATIENT TOTAL	24	126		159 , 750.90		1267.86	.124		6656.29		157.70
HSC HOSPITALS	9	58		72 , 050.00		1242.24	.057		8005.56		71.13
NON-HSC HOSPITAL TOTAL	10	34		83 , 680.90		2461.20	.034		8368.09		82.61
ACCOMMODATIONS	10	34		32 , 326.87		950.79	.034		3232.69		31.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	34		32,326.87		950.79	.034		3232.69		31.91
ANCILLARIES	10	0		51,354.03		.00	.000		5135.40		50.69

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

INPATIENT CROSSOVERS	5	34		4,020.00	11	3.24	.034		804.00		3.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	106	473		15,271.93	3:	2.29	.467		144.07		15.08
MEDICAL	27	41		2,732.60	6	5.65	.040		101.21		2.70
SURGERY	6	9		686.58	7	5.29	.009		114.43		.68
PATHOLOGY	40	163		1,962.27	1:	2.04	.161		49.06		1.94
RADIOLOGY	26	30		3,850.00	12	3.33	.030		148.08		3.80
ROOM USE	44	60		2,699.78	4.	5.00	.059		61.36		2.67
CROSSOVERS/ALL OTH OUTPINT	45	170		3,340.70	1	9.65	.168		74.24		3.30
@COUNTY HOSPITAL TOTAL	2	6	\$	229.88	\$ 3	3.31	.006	\$	114.94	\$.23
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		229.88	3	3.31	.006		114.94		.23
MEDICAL	2	3		69.18	2.	3.06	.003		34.59		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		17.04		.00	.000		.00		.02
ROOM USE	2	3		143.66	4	7.89	.003		71.83		.14
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES M	IONTH-OF-PAYMENT R	EPORT FO	R JAN	2002 THRU	DEC	2002	PAGE	7,683
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSI	STANCE - DISABLED							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,013 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .585 \$ 1468.85 \$ 172.55 @COMMUNITY HOSPITAL TOTAL 119 593 174,792.95 \$ 294.76 COMM HOSP INPATIENT TOTAL 24 126 159,750.90 1267.86 .124 6656.29 157.70 71.13 58 72,050.00 1242.24 .057 8005.56 HSC HOSPITALS 2461.20 .034 8368.09 82.61 NON-HSC HOSPITALS TOTAL 83,680.90 950.79 3232.69 ACCOMMODATIONS 10 32,326.87 .034 31.91 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 10 34 32,326.87 950.79 .034 3232.69 31.91 ANCILLARIES 10 0 51,354.03 .00 .000 5135.40 50.69 INPATIENT CROSSOVERS 4,020.00 118.24 .034 804.00 3.97 ALL OTHER INPATIENT Ω Ω .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 467 15,042.05 32.21 .461 144.64 14.85 70.09 MEDICAL 38 2,663.42 .038 106.54 2.63 9 SURGERY 6 686.58 76.29 .009 114.43 .68 12.04 PATHOLOGY 163 1,962.27 .161 49.06 1.94 26 30 3,832.96 127.77 .030 147.42 3.78 RADIOLOGY 57 ROOM USE 2,556.12 44.84 .056 60.86 2.52 170 3,340.70 19.65 74.24 3.30 CROSSOVERS/ALL OTH OUTPINT .168 0 .00 .00 .00 @STATE HOSPITAL .000 \$.00 .00 .00 .000 .00 .00 MENTALLY ILL DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 925.20 231.30 .004 \$ 925.20 \$.91 LEV A-INTERMEDIATE .00 .000 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	4		925.20		231.30	.004		925.20		.91
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	4	\$	1,643.18	\$	410.80	.004	\$	821.59	\$	1.62
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	4		1,643.18		410.80	.004		821.59		1.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	44	134	\$	2,448.79	\$	18.27	.132	\$	55.65	\$	2.42
PATHOLOGY	44	134		2,448.79		18.27	.132		55.65		2.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	227	364	\$	41,743.39	\$	114.68	.359	\$	183.89	\$	41.21
CLINIC	1	1		3.99		3.99	.001		3.99		.00
SURGICENTER	2	4		161.62		40.41	.004		80.81		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	226	359		41 , 577.78		115.82	.354		183.97		41.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MO	ONTH-OF-PAYMENT REE	PORT	FOR JAN 2002	? THRU	DEC	2002	P	AGE 7,684
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSIS	STANCE - DISABLED							

----- MONTHLY AVERAGE -----1,013 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 209 1,135 61,595.66 \$ 54.27 1.120 \$ 294.72 \$ 60.81 27 106 15,642.83 147.57 .105 579.36 15.44 DURABLE MED. EQUIP. 0 0 .000 .00 BLOOD BANK .00 .00 .00 0 0 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .327 MEDICAL TRANSPORTATION 331 8,564.99 25.88 778.64 8.46 367 AMBULANCES/AIR TRANS 7 6,448.50 17.57 .362 921.21 6.37 1 5.52 5.52 1 5.52 .001 .01 OTHER TRANS 37CR 2,110.97 57.05CR .037CR 422.19 2.08 OTHER SERVICES 0 .00 .00 ACUPUNCTURE .00 .000 .00 0 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 14 31 409.50 13.21 .031 29.25 .40 PHYSICAL THERAPIST .00 . 00 .000 . 00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .000 PROSTHETICS .00 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST 97.16 32.39 .003 97.16 .10 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 .00 HOSPICE SERVICES .000 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 21 2,485.42 118.35 189 13.15 .187 2.45 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	151	475	34,395.76	72.41	.469	227.79	33.95
@CALIF. CHILDREN SERVICES*	40	391	\$ 84,616.73	\$ 216.41	.386	\$ 2115.42	\$ 83.53
@XOVER EXCLUDING STATE HOSP**	84	270	\$ 10,329.98	\$ 38.26	.267	\$ 122.98	\$ 10.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,685
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	MONTHLY AVERAGE								
1,760 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	788	3,928	\$	300,402.74	\$ 76.48	2.232	381.22	\$	170.68
@PHYSICIANS SERVICES	165	392	\$	19,534.75	\$ 49.83	.223	118.39	\$	11.10
OUTPATIENT VISITS	119	155		5,994.68	38.68	.088	50.38		3.41
OFFICE VISITS	52	59		2,046.18	34.68	.034	39.35		1.16
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	59	66		2,830.44	42.89	.038	47.97		1.61
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	5	23		840.06	36.52	.013	168.01		.48
OTHER OUTPATIENT	6	7		278.00	39.71	.004	46.33		.16
INPATIENT VISITS	8	19		992.93	52.26	.011	124.12		.56
HOSPITAL VISITS	8	19		992.93	52.26	.011	124.12		.56
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		27.00	27.00	.001	27.00		.02
EXAMINATIONS	1	1		27.00	27.00	.001	27.00		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	11	80		6,099.53	76.24	.045	554.50		3.47
PRINCIPAL SURGEON	6	6		3,756.93	626.16	.003	626.16		2.13
ASSISTANT SURGEON	1	1		186.50	186.50	.001	186.50		.11
ANESTHESIOLOGIST	6	73		2,156.10	29.54	.041	359.35		1.23

OUTPATIENT SURGERY	18	45		3,035.00	67.44	.026	168.61		1.72
PRINCIPAL SURGEON	15	19		2,536.51	133.50	.011	169.10		1.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	26		498.49	19.17	.015	124.62		.28
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	11	21		318.20	15.15	.012	28.93		.18
RADIOLOGY	32	46		1,474.12	32.05	.026	46.07		.84
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		6.46	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	15	25		1,586.83	63.47	.014	105.79		.90
@PHARMACY	242	893	\$	26,915.49	\$ 30.14	.507 \$	111.22	\$	15.29
PRESCRIPTION DRUGS	238	485		26,595.99	54.84	.276	111.75		15.11
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	238	485		26,595.99	54.84	.276	111.75		15.11
MEDICAL SUPPLIES	6	408		319.50	.78	.232	53.25		.18
@DENTIST	17	119	\$	4,020.00	\$ 33.78	.068 \$	236.47	\$	2.28
VISITS - DIAGNOSTIC	15	80		892.00	11.15	.045	59.47		.51
ORAL SURGERY	4	17		1,168.00	68.71	.010	292.00		.66
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	20		1,060.00	53.00	.011	353.33		.60
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.001	900.00		.51
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	002 THRU DE	C 2002	PAG	E 7,686
MOP024	FEE-FOR-SERVICE/DENTAL	ı							01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSIST.	ANCE - FAMILIES					

MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

----- MONTHLY AVERAGE -----EXPENDITURES 1,760 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 51 1,411.81 27.68 .029 \$ 83.05 \$ @OPTOMETRIST 17 .80 DIAGNOSTIC AND ANC. PROCED 15 16 719.94 45.00 .009 48.00 .41 EYE APPLIANCES 12 35 691.87 19.77 .020 57.66 .39

OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR 0 .00 .00 .00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 .00 .000 .00 NURSE ANESTHESIST .00 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 0 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 .00 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL 159 728 151,971.22 208.75 .414 955.79 86.35 2068.99 .036 HOSP INPATIENT TOTAL 12 64 132,415.20 11034.60 75.24 HSC HOSPITALS 6 6,432.01 1072.00 .003 2144.00 3.65

NON-HSC HOSPITAL TOTAL	9	58		125,983.19	2172.12	.033	13998.13		71.58
ACCOMMODATIONS	9	58		42,246.28	728.38	.033	4694.03		24.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9	58		42,246.28	728.38	.033	4694.03		24.00
ANCILLARIES	9	0		83,736.91	.00	.000	9304.10		47.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	154	664		19,556.02	29.45	.377	126.99		11.11
MEDICAL	44	64		3,582.31	55.97	.036	81.42		2.04
SURGERY	15	19		1,306.64	68.77	.011	87.11		.74
PATHOLOGY	64	241		2,586.14	10.73	.137	40.41		1.47
RADIOLOGY	42	55		3,891.22	70.75	.031	92.65		2.21
ROOM USE	96	132		6 , 181.71	46.83	.075	64.39		3.51
CROSSOVERS/ALL OTH OUTPINT	67	153		2,008.00	13.12	.087	29.97		1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MC	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002		7,687
MOP024	FEE-FOR-SERVICE/DENT	'AL						0	1/17/03
MONO COLINARY	CIIMMADV OF CEDUTCEC	EOD DIDITO	70010	TANCE - EAMITTEC					

MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1,760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159	728 \$	151,971.22	\$ 208.75	.414	\$ 955.79	\$ 86.35
COMM HOSP INPATIENT TOTAL	12	64	132,415.20	2068.99	.036	11034.60	75.24
HSC HOSPITALS	3	6	6,432.01	1072.00	.003	2144.00	3.65
NON-HSC HOSPITALS TOTAL	9	58	125,983.19	2172.12	.033	13998.13	71.58
ACCOMMODATIONS	9	58	42,246.28	728.38	.033	4694.03	24.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	58	42,246.28	728.38	.033	4694.03	24.00
ANCILLARIES	9	0	83,736.91	.00	.000	9304.10	47.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	154	664	19,556.02	29.45	.377	126.99	11.11
MEDICAL	44	64	3,582.31	55.97	.036	81.42	2.04
SURGERY	15	19	1,306.64	68.77	.011	87.11	.74
PATHOLOGY	64	241	2,586.14	10.73	.137	40.41	1.47
RADIOLOGY	42	55	3,891.22	70.75	.031	92.65	2.21
ROOM USE	96	132	6,181.71	46.83	.075	64.39	3.51

----- MONTHLY AVERAGE -----

CROSSOVERS/ALL OTH OUTPTNT	67	153		2,008.00		13.12	.087		29.97		1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	·	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	79.90	\$	39.95	.001	\$	79.90	\$.05
HOSPITAL BASED	1	2	·	79.90	·	39.95	.001	·	79.90	•	.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	59	142	\$	2,821.16	\$	19.87	.081	\$	47.82	\$	1.60
PATHOLOGY	59	141	·	2,761.66	·	19.59	.080	·	46.81	•	1.57
XO AND OTHERS	1	1		59.50		59.50	.001		59.50		.03
@ORGANIZED OUTPATIENT CLINIC	382	574	\$	78,858.96	Ś		.326	Ś	206.44	Ś	44.81
CLINIC	3	6	'	87.85		14.64	.003		29.28		.05
SURGICENTER	2	7		328.68		46.95	.004		164.34		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	378	561		78,442.43		139.83	.319		207.52		44.57
			RES I	MONTH-OF-PAYMENT R	EPOR					P.A	AGE 7,688
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY			ASS	ISTANCE - FAMILIES							,,
							M	ONTI	HLY AVERA	GE -	
1,760 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
_,		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	166	1,027	_ \$	14,789.45		14.40	.584		89.09		8.40
DURABLE MED. EQUIP.	2	4		347.32	'	86.83	.002		173.66		.20
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		0.0		0.0	000		00		00

1 7CO ELICIPIES	HCEDC	INTEG OF CEDITOR	EXPENDIBLEC	ALTEDACE COCH	TINITHO / DAVO	COCH DED	COCH DED
1,760 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	166	1 , 027 \$	14 , 789.45	\$ 14.40	.584 \$	89.09	\$ 8.40
DURABLE MED. EQUIP.	2	4	347.32	86.83	.002	173.66	.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	285	1,471.97	5.16	.162	367.99	.84
AMBULANCES/AIR TRANS	4	285	1,471.97	5.16	.162	367.99	.84
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.001	80.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	36	341.62	9.49	.020	20.10	.19
PHYSICAL THERAPIST	2	8	159.86	19.98	.005	79.93	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9	334.30	37.14	.005	111.43	.19

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	559	6 , 530.29	11.68	.318	74.21	3.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	124	5,444.09	43.90	.070	100.82	3.09
@CALIF. CHILDREN SERVICES*	3	4	\$ 255.09	\$ 63.77	.002	\$ 85.03	\$.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,689 FEE-FOR-SERVICE/DENTAL

01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

MONO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE					
						MOI			
3,063 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,738	10,823	\$	807,959.02	\$ 74.65	3.533			263.78
@PHYSICIANS SERVICES	326	910	\$	40,307.02	\$ 44.29	.297		Ş	13.16
OUTPATIENT VISITS	209	282		11,151.42	39.54	.092	53.36		3.64
OFFICE VISITS	115	146		5,233.70	35.85	.048	45.51		1.71
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	83	93		4,150.59	44.63	.030	50.01		1.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	5	23		840.06	36.52	.008	168.01		.27
OTHER OUTPATIENT	14	20		927.07	46.35	.007	66.22		.30
INPATIENT VISITS	18	48		3,100.97	64.60	.016	172.28		1.01
HOSPITAL VISITS	18	45		2,382.53	52.95	.015	132.36		.78
CRITICAL CARE	1	3		718.44	239.48	.001	718.44		.23
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		97.93	32.64	.001	32.64		.03
EXAMINATIONS	3	3		97.93	32.64	.001	32.64		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	22	147		9,901.13	67.35	.048	450.05		3.23
PRINCIPAL SURGEON	12	13		5,770.88	443.91	.004	480.91		1.88
ASSISTANT SURGEON	2	2		484.34	242.17	.001	242.17		.16
ANESTHESIOLOGIST	10	132		3,645.91	27.62	.043	364.59		1.19
OUTPATIENT SURGERY	35	83		6,454.89	77.77	.027	184.43		2.11
PRINCIPAL SURGEON	28	33		5 , 245.51	158.95	.011	187.34		1.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	50		1,209.38	24.19	.016	151.17		.39
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	24	87		962.45	11.06	.028	40.10		.31
RADIOLOGY	54	78		3,767.47	48.30	.025	69.77		1.23
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	3		58.33	19.44	.001	19.44		.02
OTHER SERVICES/ALL X-OVERS	80	179		4,812.43	26.89	.058	60.16		1.57
@PHARMACY	882	4,486	\$	207,942.20	\$ 46.35	1.465	\$ 235.76	\$	67.89
PRESCRIPTION DRUGS	859	2,757		199,019.94	72.19	.900	231.69		64.98
SNF/ICF	2	9		584.57	64.95	.003	292.29		.19
OUTPATIENTS	858	2,748		198,435.37	72.21	.897	231.28		64.78
MEDICAL SUPPLIES	69	1,729		8,922.26	5.16	.564	129.31		2.91
@DENTIST	32	172	\$	7,316.00	\$ 42.53	.056	\$ 228.63	\$	2.39
VISITS - DIAGNOSTIC	27	111		1,341.00	12.08	.036	49.67		. 44
ORAL SURGERY	6	20		1,296.00	64.80	.007	216.00		.42

DRUGS	Λ	Λ		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	4		875.00		218.75	.001		437.50		.29
RESTORATIVE DENTISTRY	8	32		2,849.00		89.03	.010		356.13		.93
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	3	4		925.00		231.25	.001		308.33		.30
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,690
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSISTA	NCE							
							N	CNO	THLY AVERA	GE -	
3,063 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	/S	COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@OPTOMETRIST	38	106	\$	2,595.51	\$	24.49	.035	\$	68.30	\$.85
DIAGNOSTIC AND ANC. PROCED	23	25		1,115.94		44.64	.008		48.52		.36
EYE APPLIANCES	28	77		1,384.67		17.98	.025		49.45		.45
OTHER OPTOMETRIC SERVICES	2	4		94.90		23.73	.001		47.45		.03
@CHIROPRACTOR	0	0	\$.00		.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	18	\$	170.15	\$	9.45	.006	\$	42.54	\$.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	18		170.15		9.45	.006		42.54		.06
@HOME HEALTH AGENCY	3	5	\$	306.07	\$	61.21	.002	\$	102.02	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	295	1,397	Ś	329,353.21	\$.456	•		107.53
HOSP INPATIENT TOTAL	38	195	т	293,770.10	7	1506.51	.064	7730.79	7	95.91
HSC HOSPITALS	12	64		78,482.01		1226.28	.021	6540.17		25.62
NON-HSC HOSPITAL TOTAL	 1 9	92		209,664.09		2278.96	.030	11034.95		68.45
ACCOMMODATIONS	19	92		74,573.15		810.58	.030	3924.90		24.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ō		.00		.00	.000	.00		.00
ALL OTHER ACCOM	19	92		74,573.15		810.58	.030	3924.90		24.35
ANCILLARIES	19	0		135,090.94		.00	.000	7110.05		44.10
INPATIENT CROSSOVERS	7	39		5,624.00		144.21	.013	803.43		1.84
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	274	1,202		35,583.11		29.60	.392	129.87		11.62
MEDICAL	71	105		6,314.91		60.14	.034	88.94		2.06
SURGERY	21	28		1,993.22		71.19	.009	94.92		.65
PATHOLOGY	104	404		4,548.41		11.26	.132	43.73		1.48
RADIOLOGY	68	85		7,741.22		91.07	.028	113.84		2.53
ROOM USE	142	195		8,888.94		45.58	.064	62.60		2.90
CROSSOVERS/ALL OTH OUTPTNT	126	385		6,096.41		15.83	.126	48.38		1.99
@COUNTY HOSPITAL TOTAL	2	6	\$	229.88	\$	38.31	.002	\$ 114.94	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		229.88		38.31	.002	114.94		.08
MEDICAL	2	3		69.18		23.06	.001	34.59		.02
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		17.04		.00	.000	.00		.01
ROOM USE	2	3		143.66		47.89	.001	71.83		.05
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDIT	URES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	P.	AGE 7,691
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
1/01/0 00////	CINALIDII OF CERTIFICES FOR	D T T T	~ ~ ~ ~ .							

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	THLY AVERA	GE
3,063 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	293	1,391	\$	329,123.33	\$ 236.61	.454 \$	1123.29	\$ 107.45
COMM HOSP INPATIENT TOTAL	38	195		293,770.10	1506.51	.064	7730.79	95.91
HSC HOSPITALS	12	64		78,482.01	1226.28	.021	6540.17	25.62
NON-HSC HOSPITALS TOTAL	19	92		209,664.09	2278.96	.030	11034.95	68.45
ACCOMMODATIONS	19	92		74,573.15	810.58	.030	3924.90	24.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92		74,573.15	810.58	.030	3924.90	24.35
ANCILLARIES	19	0		135,090.94	.00	.000	7110.05	44.10
INPATIENT CROSSOVERS	7	39		5,624.00	144.21	.013	803.43	1.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	272	1,196		35,353.23		29.56	.390		129.98		11.54
MEDICAL	69	1,190		6,245.73		61.23	.033		90.52		2.04
SURGERY	21	28		1,993.22		71.19	.009		94.92		.65
PATHOLOGY	104	404		4,548.41		11.26	.132		43.73		1.48
	68	85				90.87	.028		113.59		2.52
RADIOLOGY	140	192		7,724.18					62.47		2.32
ROOM USE				8,745.28		45.55	.063				
CROSSOVERS/ALL OTH OUTPINT		385	<u> </u>	6,096.41	<u> </u>	15.83	.126	<u> </u>	48.38	<u> </u>	1.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00		.00	.000	_	.00	_	.00
@NURSING FACILITY	2	4	\$	993.78	\$	248.45	.001	Ş	496.89	Ş	.32
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	4		993.78		248.45	.001		496.89		.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	4	\$	1,643.18	\$	410.80	.001	\$	821.59	\$.54
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	4		1,643.18		410.80	.001		821.59		.54
@REHABILITATION FACILITY	1	2	\$	79.90	\$	39.95	.001	\$	79.90	\$.03
HOSPITAL BASED	1	2		79.90		39.95	.001		79.90		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	103	276	\$	5,269.95	\$	19.09	.090	\$	51.16	\$	1.72
PATHOLOGY	103	275		5,210.45		18.95	.090		50.59		1.70
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.02
@ORGANIZED OUTPATIENT CLINIC	650	1,003	\$	125,374.73	\$	125.00	.327	\$		\$	40.93
CLINIC	4	7		91.84		13.12	.002	·	22.96		.03
SURGICENTER	4	11		490.30		44.57	.004		122.58		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	645	985		124,792.59		126.69	.322		193.48		40.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N		PORT			DEC		PA	GE 7,692
MOP024	FEE-FOR-SERVICE/DENTA				01(1						01/17/03
MONO COUNTY	SUMMARY OF SERVICES F		ASSI	TSTANCE							01/1//00
110110 0001111	SOLITIMATE OF SHILLINGES F	01/ 100010	. 11001	10111101				() T		C.E.	

3,063 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 427 2,440 86,607.32 35.49 .797 \$ 202.83 \$ 28.28 145.37 DURABLE MED. EQUIP. 29 110 15,990.15 .036 551.38 5.22 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 1 1 25.00 25.00 .000 25.00 .01 18 718 10,544.87 14.69 .234 585.83 MEDICAL TRANSPORTATION 3.44 12 684 8,137.68 11.90 .223 678.14 2.66 AMBULANCES/AIR TRANS 1 5.52 5.52 OTHER TRANS 1 5.52 .000 .00 OTHER SERVICES 33 2,401.67 72.78 .011 343.10 .78 0 .00 .00 .000 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 2 80.00 80.00 .05 GENETIC DISEASE TESTING 160.00 .001 10 1,281.32 128.13 640.66 .42 .003 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 72 OPTICIAN 34 834.92 11.60 .024 24.56 .27 PHYSICAL THERAPIST 3 10 184.30 18.43 .003 61.43 .06

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	97.16	32.39	.001	97.16	.03
SPEECH AND AUDIOLOGY	5	14	2,639.21	188.52	.005	527.84	.86
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	115	776	9,359.42	12.06	.253	81.39	3.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	243	724	45,490.97	62.83	.236	187.21	14.85
@CALIF. CHILDREN SERVICES*	43	395	\$ 84,871.82	\$ 214.87	.129	\$ 1973.76	\$ 27.71
@XOVER EXCLUDING STATE HOSP**	124	476	\$ 14,883.35	\$ 31.27	.155	\$ 120.03	\$ 4.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,693
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

SUMMARI OF SER	VICES FOR MN - NO SOC	- AGED	AID CODE 14 IR	10		
				MON'	THLY AVERAC	SE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
139	560 \$	33,002.41	\$ 58.93	3.128 \$	237.43	\$ 184.37
10	16 \$	481.81	\$ 30.11	.089 \$	48.18	\$ 2.69
1	1	37.50	37.50	.006	37.50	.21
1	1	37.50	37.50	.006	37.50	.21
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1CR	21.60	21.60CR	.006CR	21.60	.12
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
9	16	422.71	26.42	.089	46.97	2.36
80	226 \$	12,325.04	\$ 54.54	1.263 \$	154.06	\$ 68.85
78	222	12,115.63	54.57	1.240	155.33	67.69
	USERS 139 10 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 139	USERS UNITS OF SERVICE OR DAYS OF CARE 139 560 \$ 33,002.41 10 16 \$ 481.81 1 1 37.50 1 1 1 37.50 0 0 0 .00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST PER UNIT/DAY 139 560 \$ 33,002.41 \$ 58.93 10 16 \$ 481.81 \$ 30.11 1 1 37.50 37.50 1 1 37.50 37.50 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00	USERS	USERS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	78	222	12,115.63	54.57	1.240	155.33	67.69
MEDICAL SUPPLIES	3	4	209.41	52.35	.022	69.80	1.17
@DENTIST	1	7 \$	550.00	\$ 78.57	.039	\$ 550.00	\$ 3.07
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	7	550.00	78.57	.039	550.00	3.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU DI	EC 2002	PAGE 7,694
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVIO	CES FOR MN - NO SC	C - AGED	AID CODE 14 1	.H 1U		
						NTHLY AVERA	
179 ELIGIBLES		JNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@OPTOMETRIST	2	6 \$	106.22	\$ 17.70	.034	•	\$.59
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.034	53.11	.59
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	•	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

179 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	LOL	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$	17.70	.034	\$	53.11	\$.59
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	6	106.22		17.70	.034		53.11		.59
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	70	\$ 4,442.41	\$	63.46	.391	\$	233.81	\$	24.82
HOSP INPATIENT TOTAL	3	5	1,876.58		375.32	.028		625.53		10.48
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	5	1,876.58		375.32	.028		625.53		10.48
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16	65	2,565.83		39.47	.363		160.36		14.33
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	1	2.50		2.50	.006		2.50		.01

RADIOLOGY	1	1	62.99	62.99	.006	62.99	.35
ROOM USE	2	2	88.34	44.17	.011	44.17	.49
CROSSOVERS/ALL OTH OUTPINT	14	61	2,412.00	39.54	.341	172.29	13.47
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MC	NTH-OF-PAYMENT F	EPORT FOR JAN 2	2002 THRU DEG	2002	PAGE 7,695
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED	AID CODE 14 1H	1U		
					MON'		
179 ELIGIBLES		IS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	70 \$	4,442.41	\$ 63.46	.391 \$		\$ 24.82
COMM HOSP INPATIENT TOTAL	3	5	1,876.58	375.32	.028	625.53	10.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	5		1,876.58		375.32	.028		625.53		10.48
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	16	65		2,565.83		39.47	.363		160.36		14.33
	0	0		·							
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.50		2.50	.006		2.50		.01
RADIOLOGY	1	1		62.99		62.99	.006		62.99		.35
ROOM USE	2	2		88.34		44.17	.011		44.17		.49
CROSSOVERS/ALL OTH OUTPTNT		61		2,412.00		39.54	.341		172.29		13.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	2,639.00	\$.00	.000	\$	2639.00	\$	14.74
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE	1	0		2,639.00		.00			2639.00		14.74
	1		Ċ	·	Ċ		.000	Ċ		ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	Þ	.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$	72.30	\$	14.46	.028	\$	24.10	\$.40
PATHOLOGY	3	5		72.30		14.46	.028		24.10		.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	62	\$	5,246.18	\$	84.62	.346	\$	145.73	Ś	29.31
CLINIC	0	0	·	.00	·	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	62		5,246.18		84.62	.346		145.73		29.31
#CALIF DEPT OF HEALTH SERV			FC M	ONTH-OF-PAYMENT R	FPORT			DEC		D7	AGE 7,696
MOP024	FEE-FOR-SERVICE/		LIO III	ONTH OF TATMENT N	CDI OICI	FOR OAN 2	2002 11110	טםכ	2002	1 1	01/17/03
MONO COUNTY	SUMMARY OF SERVI		900	- ACED	7 T D C	ODE 14 1H	1 11				01/1//03
MONO COONTT	SUMMARI OF SERVI	CES FOR MIN - INC	300	- AGED	AID C	ODE 14 In			HLY AVERA	CF.	
179 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/12	RAGE COST					COST PER
1/9 EDIGIDLES	USEKS			EXECUDITORES		UNIT/DAY					
ANT OFFICE PROVIDERS	E O	OR DAYS OF CARE		7 120 45					USER		ELIGIBLE
@ALL OTHER PROVIDERS	50	168	\$	7,139.45	\$	42.50	.939	Ş	142.79	Þ	39.89
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	12		74.02		6.17	.067		37.01		.41
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	2	12		74.02		6.17	.067		37.01		.41
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	141.09	17.64	.045	47.03	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	148	6,924.34	46.79	.827	144.26	38.68
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	41	138	\$ 8,903.55	\$ 64.52	.771	\$ 217.16	\$ 49.74

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----UNITS OF SERVICE 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .000 \$ @TOTAL, ALL PROVIDERS 0 .00 \$.00 .00 \$.00 .00 .000 \$ @PHYSICIANS SERVICES 0 0 .00 .00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	F-PAYMENT REF	PORT FOR JAN	2002 THRU DI	EC 2002	PAGE 7,698
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ						01/17/03

							MC	ГИC	THLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER (JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MONO COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
-	0	0	.00	.00	.000 \$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	•					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	•				00	
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	0 S AND EXPENDITURES MON	.00	.00	.000		.00 PAGE 7,699
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDITURES MON DENTAL	.00 TH-OF-PAYMENT RE	.00 PORT FOR JAN 2	.000 2002 THRU DE		.00
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDITURES MON	.00 TH-OF-PAYMENT RE	.00	.000 2002 THRU DEC	C 2002	.00 PAGE 7,699 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 S AND EXPENDITURES MON DENTAL CES FOR MN - NO SOC -	.00 TH-OF-PAYMENT RE BLIND	.00 PORT FOR JAN 2 AID CODE	.000 2002 THRU DEC 24	C 2002 THLY AVERAG	.00 PAGE 7,699 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR MN - NO SOC - UNITS OF SERVICE	.00 TH-OF-PAYMENT RE	.00 PORT FOR JAN 2 AID CODE AVERAGE COST	.000 2002 THRU DEC 24 MON' UNITS/DAYS	C 2002 IHLY AVERAG COST PER	.00 PAGE 7,699 01/17/03 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	O S AND EXPENDITURES MON DENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG	C 2002 IHLY AVERAG COST PER USER	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	O S AND EXPENDITURES MON DENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$	C 2002 IHLY AVERAGE COST PER USER .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$	C 2002 THLY AVERAGE COST PER USER .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000	THLY AVERAGE COST PER USER .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	C 2002 THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	C 2002 THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AUPRAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 24	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 SPORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DEC 24 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2002 THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 PAGE 7,699 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MO	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	:002 THRU I	DEC 2002	PAG	,
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR MN - NO	SOC	- BLIND		AID CODE	24			
								ONTHLY AVEF	_	
00 ELIGIBLES		OF SERVICE		EXPENDITURES		RAGE COST				ST PER
	OR DA	AYS OF CAR	€ .			UNIT/DAY	PER ELIG	USER		IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•		.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

							M	TNC	HLY AVERA	ιGΕ	
191 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAGE	COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT	/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	162	1,944 \$	4	63,384.26	\$ 238.	37	10.178	\$	2860.40	\$	2426.10
@PHYSICIANS SERVICES	25	135 \$		13,380.19	\$ 99.	11	.707	\$	535.21	\$	70.05
OUTPATIENT VISITS	10	16		652.18	40.	76	.084		65.22		3.41
OFFICE VISITS	5	5		132.11	26.	42	.026		26.42		.69
HOME VISITS	0	0		.00		00	.000		.00		.00
EMERGENCY ROOM	7	11		520.07	47.	28	.058		74.30		2.72
PREVENTIVE CARE	0	0		.00		00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		00	.000		.00		.00
INPATIENT VISITS	4	46		3,295.46	71.	64	.241		823.87		17.25
HOSPITAL VISITS	3	28		1,106.66	39.	52	.147		368.89		5.79
CRITICAL CARE	1	18		2,188.80	121.	60	.094		2188.80		11.46
SNF/ICF/TRANS IP CARE	0	0		.00		00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.	15	.005		37.15		.19
EXAMINATIONS	1	1		37.15	37.	15	.005		37.15		.19
SERVICES AND MATERIALS	0	0		.00		00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	17		5,527.54	325.	15	.089		2763.77		28.94
PRINCIPAL SURGEON	2	16		5,257.99	328.	62	.084		2629.00		27.53
ASSISTANT SURGEON	1	1		269.55	269.	55	.005		269.55		1.41
ANESTHESIOLOGIST	0	0		.00		00	.000		.00		.00

OUTPATIENT SURGERY	5	11		1,890.73		171.88	.058		378.15		9.90
PRINCIPAL SURGEON	J	5		1,768.70		353.74	.026		442.18		9.26
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		122.03		20.34	.031		122.03		.64
DIALYSIS	1	0		.00		.00	.000		.00		.00
PATHOLOGY	0	U		21.33		4.27	.026		7.11		.11
	5	5		1,302.43		144.71	.026		260.49		6.82
RADIOLOGY	5	0									
PSYCHIATRY	0	-		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	30		653.37		21.78	.157		108.90		3.42
@PHARMACY	87	569	\$	335,827.03	Ş			Ş	3860.08	Ş	
PRESCRIPTION DRUGS	80	380		334,533.87		880.35	1.990		4181.67		1751.49
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	80	380		334 , 533.87		880.35	1.990		4181.67		1751.49
MEDICAL SUPPLIES	10	189		1,293.16		6.84	.990		129.32		6.77
@DENTIST	6	22	\$	349.00	\$	15.86	.115	\$	58.17	\$	1.83
VISITS - DIAGNOSTIC	6	19		184.00		9.68	.099		30.67		.96
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.005		100.00		.52
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		65.00		65.00	.005		65.00		.34
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.005		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITIES	ES N	ONTH-OF-PAYMENT RE	E.POR'			DEC		P	AGE 7,702
MOP024	FEE-FOR-SERVICE/				DI OIC	1 1010 01110 2	.002 11110	рцс	2002	Ι.	01/17/03
MONO COUNTY			900	C - DISABLED 64 6	60 61	u 611 617 6V	8 C				01/1//03
MONO COONTI	SOMMAN OF SERVE	CES FOR PIN NO	, 500	, DISABLED 04 (00 01	11 00 00 01	M	ONT	HIV AVERA	CF	
191 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.1	ERAGE COST				-	COST PER
191 EDIGIBLES	OSENS	OR DAYS OF CARE		EAFENDITONES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	OR DATS OF CARE	\$	280.51			.073		70.13		1.47
DIAGNOSTIC AND ANC. PROCED	1	1	۲	47.45	۲	47.45	.073	٢	47.45	٢	.25
EYE APPLIANCES	1	11		170.61		15.51	.003		47.45		.25
OTHER OPTOMETRIC SERVICES	1	2		62.45		31.23	.038		62.45		.89
OIDER OPTOMETRIC SERVICES	1	2		0∠.45		31.23	.010		02.45		. 33

191 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST	UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	4	14	\$ 280.51	\$	20.04	.073	\$ 70.13	\$ 1.47
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.005	47.45	.25
EYE APPLIANCES	4	11	170.61		15.51	.058	42.65	.89
OTHER OPTOMETRIC SERVICES	1	2	62.45		31.23	.010	62.45	.33
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	10	34	\$ 2,542.52	\$	74.78	.178	\$ 254.25	\$ 13.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	150	\$ 68,821.14	\$	458.81	.785	\$ 2867.55	\$ 360.32
HOSP INPATIENT TOTAL	6	73	66,591.70		912.22	.382	11098.62	348.65
HSC HOSPITALS	3	15	16,199.00		1079.93	.079	5399.67	84.81

NON-HSC HOSPITAL TOTAL	2	53		49,580.70	935.48	.277	24790.35	259.58	
ACCOMMODATIONS	2	53		46,002.45	867.97	.277	23001.23	240.85	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	53		46,002.45	867.97	.277	23001.23	240.85	
ANCILLARIES	2	0		3,578.25	.00	.000	1789.13	18.73	
INPATIENT CROSSOVERS	1	5		812.00	162.40	.026	812.00	4.25	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	19	77		2,229.44	28.95	.403	117.34	11.67	
MEDICAL	4	6		135.17	22.53	.031	33.79	.71	
SURGERY	1	1		.00	.00	.005	.00	.00	
PATHOLOGY	9	19		201.80	10.62	.099	22.42	1.06	
RADIOLOGY	6	13		1,274.28	98.02	.068	212.38	6.67	
ROOM USE	10	11		287.67	26.15	.058	28.77	1.51	
CROSSOVERS/ALL OTH OUTPINT	10	27		330.52	12.24	.141	33.05	1.73	
@COUNTY HOSPITAL TOTAL	2	17	\$	10,052.09	\$ 591.30	.089	\$ 5026.05	\$ 52.63	
CO HOSPITAL INPATIENT TOTAL	1	8		9,560.00	1195.00	.042	9560.00	50.05	
HSC HOSPITALS	1	8		9,560.00	1195.00	.042	9560.00	50.05	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	9		492.09	54.68	.047	492.09	2.58	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	1		4.72	4.72	.005	4.72	.02	
RADIOLOGY	1	4		415.94	103.99	.021	415.94	2.18	
ROOM USE	1	1		34.50	34.50	.005	34.50	.18	
CROSSOVERS/ALL OTH OUTPTNT	1	3		36.93	12.31	.016	36.93	.19	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,703	
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03	
MONO COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC -	- DISABLED 64	6G 6H 6U 6V 6X	8 G			
						M	ONTHLY AVERA	GE	
191 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
ACOMMINITY HOSPITAL TOTAL	24	133	Ś	58 769 05	\$ 441.87	696	\$ 2448 71	\$ 307.69	

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	133 \$	58,769.05	\$ 441.87	.696	\$ 2448.71	\$ 307.69
COMM HOSP INPATIENT TOTAL	5	65	57,031.70	877.41	.340	11406.34	298.60
HSC HOSPITALS	2	7	6,639.00	948.43	.037	3319.50	34.76
NON-HSC HOSPITALS TOTAL	2	53	49,580.70	935.48	.277	24790.35	259.58
ACCOMMODATIONS	2	53	46,002.45	867.97	.277	23001.23	240.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	53	46,002.45	867.97	.277	23001.23	240.85
ANCILLARIES	2	0	3,578.25	.00	.000	1789.13	18.73
INPATIENT CROSSOVERS	1	5	812.00	162.40	.026	812.00	4.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	68	1,737.35	25.55	.356	91.44	9.10
MEDICAL	4	6	135.17	22.53	.031	33.79	.71
SURGERY	1	1	.00	.00	.005	.00	.00
PATHOLOGY	8	18	197.08	10.95	.094	24.64	1.03
RADIOLOGY	6	9	858.34	95.37	.047	143.06	4.49
ROOM USE	9	10	253.17	25.32	.052	28.13	1.33

,											
CROSSOVERS/ALL OTH OUTPTNT	10	24		293.59		12.23	.126		29.36		1.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	5	\$	432.04	\$	86.41	.026	\$	432.04	\$	2.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	5		432.04		86.41	.026		432.04		2.26
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	55	106	\$	11,464.23	\$	108.15	.555	\$	208.44	\$	60.02
CLINIC	2	3		82.66		27.55	.016		41.33		.43
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	103		11,381.57		110.50	.539		214.75		59.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPOR'	r for Jan 20	02 THRU	DEC	2002	PA	GE 7,704
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- DISABLED 64 6	6G 61	H 6U 6V 6X 8	IG.				
						_	M	ONT	HLY AVERA	GE -	
191 ELIGIBLES	USERS UNIT	S OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST U	NITS/DAY	S	COST PER	C	COST PER

					MON	IITLI AVERA	GE
191 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	51	909 \$	30,287.60	\$ 33.32	4.759 \$	593.87	\$ 158.57
DURABLE MED. EQUIP.	8	58	13,389.75	230.86	.304	1673.72	70.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	554	9,694.11	17.50	2.901	2423.53	50.75
AMBULANCES/AIR TRANS	4	552	7,219.11	13.08	2.890	1804.78	37.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,475.00	1237.50	.010	1237.50	12.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	71.40	11.90	.031	23.80	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	1,447.71	206.82	.037	1447.71	7.58
PROSTHETICS	1	7	1,447.71	206.82	.037	1447.71	7.58
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	13	634.37	48.80	.068	211.46	3.32

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	226	2,188.55	9.68	1.183	156.33	11.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	45	2,861.71	63.59	.236	143.09	14.98
@CALIF. CHILDREN SERVICES*	8	74	\$ 16,482.35	\$ 222.73	.387	\$ 2060.29	\$ 86.30
@XOVER EXCLUDING STATE HOSP**	8	39	\$ 1,264.16	\$ 32.41	.204	\$ 158.02	\$ 6.62

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,705 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

							MONTHLY AVERAGE						
5,904 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER					
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE					
@TOTAL, ALL PROVIDERS	2,362	8 , 758	\$	842,912.79	\$ 96.24	1.483	\$ 356.86	\$ 142.77					
@PHYSICIANS SERVICES	454	1,137	\$	45,367.60	\$ 39.90	.193	\$ 99.93	\$ 7.68					
OUTPATIENT VISITS	305	472		17,404.67	36.87	.080	57.06	2.95					
OFFICE VISITS	154	197		6,994.43	35.50	.033	45.42	1.18					
HOME VISITS	0	0		.00	.00	.000	.00	.00					
EMERGENCY ROOM	135	152		6,672.12	43.90	.026	49.42	1.13					
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.01					
OB VISITS/COMPRE PERI	22	112		3,461.02	30.90	.019	157.32	.59					
OTHER OUTPATIENT	10	10		242.41	24.24	.002	24.24	.04					
INPATIENT VISITS	13	17		973.99	57.29	.003	74.92	.16					
HOSPITAL VISITS	13	17		973.99	57.29	.003	74.92	.16					
CRITICAL CARE	0	0		.00	.00	.000	.00	.00					
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00					
OPHTHALMOLOGICAL SERVICES	2	2		84.79	42.40	.000	42.40	.01					
- , - , - , - , - , - , - , - , - , - ,	0 2	0 2											

		_		0.4 0.0		40 40	0.00		40 40		0.1
EXAMINATIONS	2	2		84.79		42.40	.000		42.40		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	32	213		9,247.55		43.42	.036		288.99		1.57
PRINCIPAL SURGEON	10	11		5,017.54		456.14	.002		501.75		.85
ASSISTANT SURGEON	1	1		107.22		107.22	.000		107.22		.02
ANESTHESIOLOGIST	22	201		4,122.79		20.51	.034		187.40		.70
OUTPATIENT SURGERY	60	133		8,813.64		66.27	.023		146.89		1.49
PRINCIPAL SURGEON	48	64		7,050.81		110.17	.011		146.89		1.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	17	69		1,762.83		25.55	.012		103.70		.30
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	47	79		1,078.07		13.65	.013		22.94		.18
RADIOLOGY	80	127		4,221.58		33.24	.022		52.77		.72
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	15	22		658.20		29.92	.004		43.88		.11
OTHER SERVICES/ALL X-OVERS	40	72		2,885.11		40.07	.012		72.13		.49
@PHARMACY	843	1,531	\$	56,388.28	\$	36.83	.259	\$	66.89	\$	9.55
PRESCRIPTION DRUGS	841	1,465		55,908.16		38.16	.248		66.48		9.47
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	841	1,465		55,908.16		38.16	.248		66.48		9.47
MEDICAL SUPPLIES	14	66		480.12		7.27	.011		34.29		.08
@DENTIST	31	153	\$	5,518.30	\$	36.07	.026	\$	178.01	\$.93
VISITS - DIAGNOSTIC	21	86		1,538.00		17.88	.015		73.24		.26
ORAL SURGERY	5	14		1,573.00		112.36	.002		314.60		.27
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		35.00		17.50	.000		17.50		.01
RESTORATIVE DENTISTRY	14	46		2,043.00		44.41	.008		145.93		.35
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000		112.08		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	3		117.22		39.07	.001		117.22		.02
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M		EPORT			DEC		P.	AGE 7,706
MOP024	FEE-FOR-SERVICE/DEN							_			01/17/03
							_				

----- MONTHLY AVERAGE -----5,904 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 113 2,787.68 24.67 .019 \$ 66.37 \$.47 DIAGNOSTIC AND ANC. PROCED 32 32 1,464.24 45.76 .005 45.76 .25 1,289.14 16.11 .014 40.29 .22 EYE APPLIANCES .01 OTHER OPTOMETRIC SERVICES 1 34.30 34.30 .000 34.30 3 100.32 \$.001 \$.02 @CHIROPRACTOR 16.72 33.44 \$ 3 100.32 16.72 33.44 VISITS .001 .02 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 \$.00 @PODIATRIST .000 \$ MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 RADIO./PATHOLOGY .000 .00 OTHER 0 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

MONO COUNTY

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	509	1,866	\$	446,507.39	\$	239.29	.316			75.63
HOSP INPATIENT TOTAL	61	207		394,098.02		1903.86	.035	6460.62		66.75
HSC HOSPITALS	5	16		19,685.00		1230.31	.003	3937.00		3.33
NON-HSC HOSPITAL TOTAL	56	191		374,413.02		1960.28	.032	6685.95		63.42
ACCOMMODATIONS	56	191		119,920.94		627.86	.032	2141.45		20.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	56	191		119,920.94		627.86	.032	2141.45		20.31
ANCILLARIES	56	0		254,492.08		.00	.000	4544.50		43.11
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	463	1,659		52,409.37		31.59	.281	113.20		8.88
MEDICAL	116	161		6,763.64		42.01	.027	58.31		1.15
SURGERY	43	55		3,577.37		65.04	.009	83.19		.61
PATHOLOGY	196	617		7,166.08		11.61	.105	36.56		1.21
RADIOLOGY	152	190		14,324.16		75.39	.032	94.24		2.43
ROOM USE	229	300		14,243.57		47.48	.051	62.20		2.41
CROSSOVERS/ALL OTH OUTPINT	166	336		6,334.55		18.85	.057	38.16		1.07
@COUNTY HOSPITAL TOTAL	6	26	\$	13,498.77	\$	519.18	.004	\$ 2249.80	\$	2.29
CO HOSPITAL INPATIENT TOTAL	1	11		13,145.00		1195.00	.002	13145.00		2.23
HSC HOSPITALS	1	11		13,145.00		1195.00	.002	13145.00		2.23
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
CO HOSP OUTPATIENT TOTAL	5	15		353.77		23.58	.003	70.75		.06
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	3		27.61		9.20	.001	13.81		.00
RADIOLOGY	1	1		88.16		88.16	.000	88.16		.01
ROOM USE	2	3		113.84		37.95	.001	56.92		.02
CROSSOVERS/ALL OTH OUTPINT	2	8		124.16		15.52	.001	62.08		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES.	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PI	AGE 7,707
MOP024	FEE-FOR-SERVICE/DENTAI									01/17/03

----- MONTHLY AVERAGE -----5,904 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 503 1,840 433,008.62 \$ 235.33 .312 \$ 860.85 \$ @COMMUNITY HOSPITAL TOTAL 73.34 196 1943.64 .033 6349.22 COMM HOSP INPATIENT TOTAL 60 380,953.02 64.52 HSC HOSPITALS 4 5 6,540.00 1308.00 .001 1635.00 1.11 NON-HSC HOSPITALS TOTAL 56 191 374,413.02 1960.28 .032 6685.95 63.42 191 119,920.94 627.86 2141.45 20.31 ACCOMMODATIONS .032 0 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 627.86 56 191 119,920.94 .032 20.31 ALL OTHER ACCOM 2141.45 ANCILLARIES 56 0 254,492.08 .00 .000 4544.50 43.11 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

MONO COUNTY

COMM HOSP OUTPATIENT TOTAL	458	1,644		52,055.60		31.66	.278		113.66		8.82
MEDICAL	116	161		6,763.64		42.01	.027		58.31		1.15
SURGERY	43	55		3,577.37		65.04	.009		83.19		.61
PATHOLOGY	194	614		7,138.47		11.63	.104		36.80		1.21
RADIOLOGY	151	189		14,236.00		75.32	.032		94.28		2.41
ROOM USE	227	297		14,129.73		47.57	.050		62.25		2.39
CROSSOVERS/ALL OTH OUTPTNT		328		6,210.39		18.93	.056		37.87		1.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	95.44	\$	31.81	.001	\$	95.44	\$.02
HOSPITAL BASED	1	3		95.44		31.81	.001		95.44		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	156	320	\$	5,721.59	\$	17.88	.054	\$	36.68	\$.97
PATHOLOGY	156	320		5,721.59		17.88	.054		36.68		.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,261	1,990	\$	254,700.54	\$	127.99	.337	\$	201.98	\$	43.14
CLINIC	6	26		381.95		14.69	.004		63.66		.06
SURGICENTER	1	5		184.42		36.88	.001		184.42		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,256	1,959		254,134.17		129.73	.332		202.34		43.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	•	JRES MC		EPOR1			DEC		PA	GE 7,708
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
MONO COUNTY	SUMMARY OF SERVICES		OC-FAM	1 34 39 3N 3T 3V	54 59) 5J 5W-5Y 6J					

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 5,904 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 25,725.65 \$ 15.70 @ALL OTHER PROVIDERS 222 1,639 \$.278 \$ 115.88 \$ 4.36 41 DURABLE MED. EQUIP. 14 2,518.70 179.91 .43 .00 .00 BLOOD BANK 0 .00 0 0 .00 HEARING AID DISPENSERS 20 5,379.12 268.96 .91 MEDICAL TRANSPORTATION 932 5,379.12 20 932 268.96 AMBULANCES/AIR TRANS .91 0 .00 OTHER TRANS 0 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 0 .00 .00 ACUPUNCTURE .00 0 0 .00 .00 .00 ADULT DAY HEALTH CARE CTR 25 1,771.00 70.84 .30 GENETIC DISEASE TESTING .00 0 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 17.86 678.62 .11 OPTICIAN 38 78 PHYSICAL THERAPIST 167 2,525.04 15.12 .028 114.77 .43

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	26	5,052.61	194.33	.004	631.58	.86
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	65	317	4,010.85	12.65	.054	61.71	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	53	3 , 789.71	71.50	.009	102.42	.64
@CALIF. CHILDREN SERVICES*	18	96	\$ 5,662.85	\$ 58.99	.016	\$ 314.60	\$.96
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 36.75	\$ 12.25	.001	\$ 36.75	\$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,709 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC ----- MONTHLY AVERAGE -----6,274 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,262 1,339,299.46 118.92 1.795 \$ 502.93 \$ 213.47 @TOTAL, ALL PROVIDERS 2,663 1,288 59,229.60 45.99 .205 \$ 121.12 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 316 489 18,094.35 37.00 .078 57.26 2.88 OFFICE VISITS 160 203 7,164.04 35.29 .032 44.78 1.14 0 0 .00 .00 .000 .00 HOME VISITS .00 EMERGENCY ROOM 142 44.12 .026 50.65 163 7,192.19 1.15 1 1 34.69 34.69 .000 34.69 .01 PREVENTIVE CARE 22 3,461.02 30.90 157.32 OB VISITS/COMPRE PERI 112 .018 .55 10 10 OTHER OUTPATIENT 242.41 24.24 .002 24.24 .04 17 63 INPATIENT VISITS 4,269.45 67.77 .010 251.14 .68 HOSPITAL VISITS 16 45 2,080.65 46.24 .007 130.04 .33 18 .003 2188.80 CRITICAL CARE 2,188.80 121.60 .35 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 121.94 40.65 .000 40.65 .02 EXAMINATIONS 121.94 40.65 .000 40.65 .02 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 34 230 14,775.09 64.24 .037 434.56 2.35 PRINCIPAL SURGEON 12 27 10,275.53 380.58 .004 856.29 1.64 ASSISTANT SURGEON 2 376.77 188.39 .000 188.39 .06 ANESTHESIOLOGIST 201 4,122.79 20.51 .032 187.40 .66 OUTPATIENT SURGERY 144 74.34 .023 164.68 10,704.37 1.71 69 8,819.51 127.82 .011 169.61 PRINCIPAL SURGEON 1.41 0 0 ASSISTANT SURGEON .00 .00 .000 .00 .00 75 1,884.86 ANESTHESIOLOGIST 25.13 .012 104.71 .30 DIALYSIS 0 .00 .00 .00 .00 .000 50 PATHOLOGY 84 1,099.40 13.09 .013 21.99 .18 135 41.08 RADIOLOGY 5,545.61 .022 64.48 .88 0 .00 **PSYCHIATRY** .00 .00 .000 .00 22 IMMUNIZATION AND INJECTION 658.20 29.92 .004 43.88 .10 OTHER SERVICES/ALL X-OVERS 55 118 3,961.19 33.57 .019 72.02 .63 @PHARMACY 1,010 2,326 404,540.35 173.92 .371 \$ 400.54 \$ 64.48 PRESCRIPTION DRUGS 2,067 402,557.66 194.75 .329 402.96 64.16

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	999	2,06	7		402,557.66		194.75	.329		402.96		64.16
MEDICAL SUPPLIES	27	25	9		1,982.69		7.66	.041		73.43		.32
@DENTIST	38	18	2 \$		6,417.30	\$	35.26	.029	\$	168.88	\$	1.02
VISITS - DIAGNOSTIC	27	10	5		1,722.00		16.40	.017		63.78		.27
ORAL SURGERY	6	2	1		2,123.00		101.10	.003		353.83		.34
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	2		2		200.00		100.00	.000		100.00		.03
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	2		2		35.00		17.50	.000		17.50		.01
RESTORATIVE DENTISTRY	14	4	6		2,043.00		44.41	.007		145.93		.33
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		1		65.00		65.00	.000		65.00		.01
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1		1		112.08		112.08	.000		112.08		.02
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1		3		117.22		39.07	.000		117.22		.02
ALL OTHER SERVICES	1		1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEND	ITURES	MO	NTH-OF-PAYMENT RE	EPOR:	r for jan 2	2002 THRU	DEC	2002	PA	GE 7,710
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 28	MEDICA	LLY	NEEDY - NO SOC							
								M	ITNC	HLY AVERA	GE -	
6,274 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF	CARE			PEI	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@OPTOMETRIST	48	13	3 \$		3,174.41	\$	23.87	.021	\$	66.13	\$.51
DIAGNOSTIC AND ANC. PROCED	33		3		1,511.69		45.81	.005		45.81		.24
EYE APPLIANCES	38	9	7		1,565.97		16.14	.015		41.21		.25
OTHER OPTOMETRIC SERVICES	2		3		96.75		32.25	.000		48.38		.02
@CHIROPRACTOR	3		6 \$		100.32	\$	16.72	.001	\$	33.44	\$.02
VISITS	3		6		100.32		16.72	.001		33.44		.02
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 \$.00	\$.00	.000	<u>~</u>	.00	_	.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	34 \$	2,542.52	\$ 74.78	.005 \$		\$.41
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$		•			
PEDIATRIC NURSE PRACTITIONER	•		.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	552	2,086 \$	519,770.94		.332 \$		
HOSP INPATIENT TOTAL	70	285	462,566.30	1623.04	.045	6608.09	73.73
HSC HOSPITALS	8	31	35,884.00	1157.55	.005	4485.50	5.72
NON-HSC HOSPITAL TOTAL	58	244	423,993.72	1737.68	.039	7310.24	67.58
ACCOMMODATIONS	58	244	165,923.39	680.01	.039	2860.75	26.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	244	165,923.39	680.01	.039	2860.75	26.45
ANCILLARIES	58	0	258,070.33	.00	.000	4449.49	41.13
INPATIENT CROSSOVERS	4	10	2,688.58	268.86	.002	672.15	.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	498	1,801	57,204.64	31.76	.287	114.87	9.12
MEDICAL	120	167	6,898.81	41.31	.027	57.49	1.10
SURGERY	44	56	3,577.37	63.88	.009	81.30	.57
PATHOLOGY	206	637	7,370.38	11.57	.102	35.78	1.17
RADIOLOGY	159	204	15,661.43	76.77	.033	98.50	2.50
ROOM USE	241	313	14,619.58	46.71	.050	60.66	2.33
CROSSOVERS/ALL OTH OUTPTNT	190	424	9,077.07	21.41	.068	47.77	1.45
@COUNTY HOSPITAL TOTAL	8	43 \$	23,550.86	\$ 547.69		2943.86	
CO HOSPITAL INPATIENT TOTAL	2	19	22,705.00	1195.00	.003	11352.50	3.62
HSC HOSPITALS	2	19	22,705.00	1195.00	.003	11352.50	3.62
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.003	.00	.00
	0	0	.00				
ACCOMMODATIONS	0	0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	24	845.86	35.24	.004	140.98	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	32.33	8.08	.001	10.78	.01
RADIOLOGY	2	5	504.10	100.82	.001	252.05	.08
ROOM USE	3	4	148.34	37.09	.001	49.45	.02
CROSSOVERS/ALL OTH OUTPTNT	3	11	161.09	14.64	.002	53.70	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,711
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MON	THLY AVERA	GE
6,274 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	546	2,043 \$	496,220.08	\$ 242.89	.326 \$	908.83	\$ 79.09
COMM HOSP INPATIENT TOTAL	68	266	439,861.30	1653.61		6468.55	70.11
HSC HOSPITALS	6	12	13,179.00	1098.25		2196.50	2.10
NON-HSC HOSPITALS TOTAL	58	244	423,993.72	1737.68		7310.24	67.58
ACCOMMODATIONS	58	244	165,923.39	680.01	.039	2860.75	26.45
			, . = 2 . 3 3				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	58	244		165,923.39		680.01	.039		2860.75		26.45
ANCILLARIES	58	0		258,070.33		.00	.000		4449.49		41.13
INPATIENT CROSSOVERS	4	10		2,688.58		268.86	.002		672.15		.43
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	493	1,777		56,358.78		31.72	.283		114.32		8.98
MEDICAL	120	167		6,898.81		41.31	.027		57.49		1.10
SURGERY	44	56		3,577.37		63.88	.009		81.30		.57
PATHOLOGY	203	633		7,338.05		11.59	.101		36.15		1.17
RADIOLOGY	158	199		15,157.33		76.17	.032		95.93		2.42
ROOM USE	238	309		14,471.24		46.83	.049		60.80		2.31
CROSSOVERS/ALL OTH OUTPTNT		413		8,915.98		21.59	.066		47.43		1.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	5	\$	3,071.04	\$	614.21	.001	Ċ	1535.52	Ċ	.49
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	2										
LEV B-REGULAR	0	5 0	\$	3,071.04	ć	614.21	.001	\$	1535.52	ċ	.49
@INTERMEDIATE CARE FACILDD	U		Þ	.00	\$.000	Ş		Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	1	3	\$	95.44	\$	31.81	.000	\$	95.44	Ş	.02
HOSPITAL BASED	1	3		95.44		31.81	.000		95.44		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	159	325	\$	5,793.89	\$	17.83	.052	\$	36.44	Ş	.92
PATHOLOGY	159	325		5 , 793.89		17.83	.052		36.44		.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,352	2,158	\$	271,410.95	\$	125.77	.344	\$		\$	43.26
CLINIC	8	29		464.61		16.02	.005		58.08		.07
SURGICENTER	1	5		184.42		36.88	.001		184.42		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,345	2,124		270,761.92		127.48	.339		201.31		43.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,712
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	CALL	Y NEEDY - NO SOC							
							N	TNO	HLY AVERA	GE	
6,274 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES			T UNITS/DAY				COST PER
		OR DAYS OF CARE	C		PEI	R UNIT/DAY	Y PER ELIC	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	323	2,716	\$	63,152.70	\$	23.25	.433	\$	195.52	\$	10.07
DURABLE MED. EQUIP.	22	99		15,908.45		160.69	.016		723.11		2.54
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	26	1,498		15,147.25		10.11	.239		582.59		2.41
AMBULANCES/AIR TRANS	24	1,484		12,598.23		8.49	.237		524.93		2.01
	2	. 12		74.02		6 17	002		27 ∩1		0.1

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

2 2 0

12

2

74.02

.00

2,475.00

6.17

.00

1237.50

.002

.000

.000

37.01

.00

1237.50

.01

.39

.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	25	25	1,771.00	70.84	.004	7	0.84	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	44	92	891.11	9.69	.015	2	20.25	.14
PHYSICAL THERAPIST	22	167	2,525.04	15.12	.027	11	4.77	.40
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	7	1,447.71	206.82	.001	144	7.71	.23
PROSTHETICS	1	7	1,447.71	206.82	.001	144	7.71	.23
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	11	39	5,686.98	145.82	.006	51	7.00	.91
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	79	543	6,199.40	11.42	.087	7	8.47	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	105	246	13 , 575.76	55.19	.039	12	9.29	2.16
@CALIF. CHILDREN SERVICES*	26	170	\$ 22,145.20	\$ 130.27	.027	\$ 85	1.74	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	50	180	\$ 10,204.46	\$ 56.69	.029	\$ 20	4.09	\$ 1.63

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,713
MOPO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 77.68 334.64 \$ 362.52 @TOTAL, ALL PROVIDERS 56 4,350.28 \$ 4.667 \$ 13 .00 .000 \$.00 \$ @PHYSICIANS SERVICES 0 0 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.0	00		.00		.00	
PSYCHIATRY	0	0		.00		.00	.0	00		.00		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.0	00		.00		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.0	00		.00		.00	
@PHARMACY	10	44 5	\$	3,096.89	\$	70.38	3.6	67	\$	309.69	\$	258.07	
PRESCRIPTION DRUGS	10	44		3,096.89		70.38	3.6	67		309.69		258.07	
SNF/ICF	0	0		.00		.00	.0	00		.00		.00	
OUTPATIENTS	10	44		3,096.89		70.38	3.6	67		309.69		258.07	
MEDICAL SUPPLIES	0	0		.00		.00	.0	00		.00		.00	
@DENTIST	2	4 9	\$	175.00	\$	43.75	.3	33	\$	87.50	\$	14.58	
VISITS - DIAGNOSTIC	1	2		45.00		22.50	. 1	67		45.00		3.75	
ORAL SURGERY	0	0		.00		.00	.0	00		.00		.00	
DRUGS	0	0		.00		.00	.0	00		.00		.00	
ANESTHESIA	0	0		.00		.00	.0	00		.00		.00	
PERIODONTICS	0	0		.00		.00	.0	00		.00		.00	
ENDODONTICS	0	0		.00		.00	.0	00		.00		.00	
RESTORATIVE DENTISTRY	1	2		130.00		65.00	. 1	67		130.00		10.83	
PROSTHETICS	0	0		.00		.00	.0	00		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.0	00		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.0	00		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.0	00		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.0	00		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.0	00		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.0	00		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2002 TH	RU	DEC	2002	PA	AGE 7,714	
MOP024	FEE-FOR-SERVICE/DENTA	λL										01/17/03	

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

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								M	ONT	HLY AVERA	GE.	
12 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		5	\$	876.66	\$	175.33	.417	\$	438.33	\$	73.06
HOSP INPATIENT TOTAL	1		4		812.00		203.00	.333		812.00		67.67
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	4		812.00	203.0	333	812.00		67.67
ALL OTHER INPATIENT	0	0		.00	.0	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1		64.66	64.6	6 .083	64.66		5.39
MEDICAL	1	1		64.66	64.6	6 .083	64.66		5.39
SURGERY	0	0		.00	.0	.000	.00		.00
PATHOLOGY	0	0		.00	.0	.000	.00		.00
RADIOLOGY	0	0		.00	.0	.000	.00		.00
ROOM USE	0	0		.00	.0	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.0	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.0	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0	.000	.00		.00
HSC HOSPITALS	0	0		.00	.0	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.0	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.0	.000	.00		.00
ANCILLARIES	0	0		.00	.0	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.0	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.0		.00		.00
MEDICAL	0	0		.00	.0	.000	.00		.00
SURGERY	0	0		.00	.0	.000	.00		.00
PATHOLOGY	0	0		.00	.0		.00		.00
RADIOLOGY	0	0		.00	.0		.00		.00
ROOM USE	0	0		.00	.0	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.0	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUE	RES MONTH-OF-	PAYMENT RE	PORT FOR J.	AN 2002 THRU	DEC 2002	PA	AGE 7,715
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	29 MN -	- SOC - AGED		AI	D CODE			
						l	MONTHLY AVER	AGE -	

12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIC	7	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$	876.66		175.33	.417		438.33	\$	73.06
COMM HOSP INPATIENT TOTAL	1	4	т	812.00		203.00	.333	т.	812.00	7	67.67
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00					
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	4		812.00		203.00	.333		812.00		67.67
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		64.66		64.66	.083		64.66		5.39
MEDICAL	1	1		64.66		64.66	.083		64.66		5.39
SURGERY	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00		.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т.	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Υ	.00		.00	.000	Υ	.00	۲	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	201.73		67.24	.250	\$	67.24	\$	16.81
CLINIC	0	0	Υ	.00		.00	.000	Υ	.00	۲	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3				67.24					16.81
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT							GE 7,716
			UKES	MONIH-OF-FAIMENI	KEFUKI	FOR JAN 2	.002 IHKU	DEC	2002	FA	01/17/03
MOP024	FEE-FOR-SERVICE					AID CC	DE.				01/1//03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 29 MM	I - SC	C - AGED				(∩NIMI	IT V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	
12 ELIGIBLES	USERS	IINITTO OF CERTI	CF	EXPENDITURES	2 7/7/7		N				OST PER
TS PITATOTES	ONLO			DAL DINDITORES							LIGIBLE
GALL OWNED DEOLINEDS	0	OR DAYS OF CA	KE \$	0.0		R UNIT/DAY					
@ALL OTHER PROVIDERS	0		P	.00		.00	.000			ې	.00
DURABLE MED. EQUIP.	U	0		.00		.00	.000		.00		.00

BLOOD BANK

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HEARING AID DISPENSERS 0 0 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00	.00
OTHER TRANS 0 0 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00	.00
ACUPUNCTURE 0 0 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00	.00
	.00
ORTHOTICS 0 0 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00	.00
	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00	.00
	.00
	.00 \$.00
@XOVER EXCLUDING STATE HOSP** 1 0 \$ 812.00 \$.00 .000 \$ 812	.00 \$ 67.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

MONO COUNTI	DOMINANT OF DEIN	VICED FOR 3	0 1.114	500	DHIND	TIL	CODE			
							M	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVERAGE CC	ST UNITS/DAY	S COST PER		COST PER
		OR DAYS O	F CARE			PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	•										
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		
	0										.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	\$	
@DENTIST	0		Ą		Ą			Ą		Ą	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	Ô		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0									
RESTORATIVE DENTISTRY	Ü	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
E DACTORES * DISTOCATIONS											
•	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0 0 0 MEDI-CAL SERVICE	•	ES MON	.00	EPORT	.00	.000	DEC	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	•	S AND EXPENDITUR	ES MON	.00	EPORT	.00	.000	DEC	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITUR: DENTAL		.00 .00 ITH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 002 THRU	DEC	.00	PA	.00 .00 GE 7,718
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITUR		.00 .00 ITH-OF-PAYMENT RE	EPORT	.00	.000 .000 002 THRU		.00 .00 2002		.00 .00 GE 7,718
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITUR DENTAL CES FOR 30 MN -		.00 .00 ITH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI	.00 .00 2002 HLY AVERA	GE -	.00 .00 GE 7,718 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITUR: DENTAL CES FOR 30 MN - UNITS OF SERVICE		.00 .00 ITH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2 AID CC	.000 .000 002 THRU DE M UNITS/DAY	ONTI S (.00 .00 2002 HLY AVERAGEOST PER	GE - C	.00 .00 GE 7,718 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITUR: DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY	.000 .000 002 THRU DE M UNITS/DAY PER ELIG	ONTI S (.00 .00 2002 HLY AVERA COST PER USER	GE - C E	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0		.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00	GE - C	.00 .00 GE 7,718 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITUR: DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY	.000 .000 002 THRU DE M UNITS/DAY PER ELIG	ONTI S (.00 .00 2002 HLY AVERA COST PER USER	GE - C E	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00	GE - C E	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	soc -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00	GE - C E	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (\$ \$.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc -	.00 .00 ITH-OF-PAYMENT REDEATH	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 .002 THRU .005 PER ELIG .000 .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (\$ \$.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .002 THRU .005 .007 .000 .000 .000 .000 .000 .000	ONTI S (\$ \$.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	SOC -	.00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTI S (\$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S (\$ \$.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE/FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTH	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	GE - C E \$ \$ \$.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE/FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	GE - CE \$ \$ \$ \$.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE/FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH	.00 .00 .00 2002 HLY AVERAGE OST PER USER	GE S S S S	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE/FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	GE - CE \$ \$ \$ \$.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S	.00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S SSSS	.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E S S S S S SSSSS	.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	ONTE	.00 .00 .00 2002 HLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E S S S S SSSS	.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 .00 ITH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E S S S S S SSSSS	.00 .00 .00 GE 7,718 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00				
INPATIENT CROSSOVERS	U	U		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
-	0						·
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	
	0	0			.000		.00
CO HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	O	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 7,719
MOP024	FEE-FOR-SERVICE		VIII OI IIIIIIIVI K	1101(1 101(0111 2	.002 IIIKO DEC	2002	01/17/03
			DITND	ATD CO	NDE.		01/11/03
MONO COUNTY	SUMMARI OF SERV	ICES FOR 30 MN - SOC -	- PLIND	AID CC			C.D.
00					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
			0.0		0.00	0.0	.00
ACCOMMODATIONS	0	0	_ ()()	. ()()	. () () ()	. 00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0 0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0	0 0 0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000	.00 .00	.00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0	0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0	0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0	0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0	0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00

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NON-HSC HOSPITAL TOTAL

0

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUF	RES MONTH-OF-	PAYMENT RE	PORT	FOR JAN 2002	2 THRU	DEC 20	102	PAGE	7,720
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIND	ı		AID CODE					

				MON	ITHLY AVERAGE	·
00 DITCIDIDO	HOEDO	INTERCOL OF SERVICE	DADDADAGIDO	ATTERACE COOR TINTERC / DAVIC	COCH DED	COCH DED

					110111	IIII AVIINO	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
A* TOTALS IN THESE LINES ARE CIVE	IN AS A SEDAR	ATE INFORMATION ITEM O	NT.V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,721 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

					MOI	THLY AVERA	GE	
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	26	144	\$ 31,149.70	\$ 216.32	6.545	1198.07	\$	1415.90
@PHYSICIANS SERVICES	2	5	\$ 72.72	\$ 14.54	.227	36.36	\$	3.31
OUTPATIENT VISITS	1	1	28.13	28.13	.045	28.13		1.28
OFFICE VISITS	1	1	28.13	28.13	.045	28.13		1.28
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0								
OUTPATIENT SURGERY	U	U		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		5.74		5.74	.045	5.74		.26
OTHER SERVICES/ALL X-OVERS	1	3		38.85		12.95	.136	38.85		1.77
	21	125	\$		Ċ		5.682		ċ	1329.33
@PHARMACY			Ş	29,245.22	\$	233.96			Þ	
PRESCRIPTION DRUGS	21	125		29,245.22		233.96	5.682	1392.63		1329.33
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	21	125		29,245.22		233.96	5.682	1392.63		1329.33
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	1	1	\$	450.00	\$	450.00	.045	\$ 450.00	\$	20.45
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
	0	0								
ENDODONTICS	U	U		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		450.00		450.00	.045	450.00		20.45
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUE	ES M		E PORT				P	AGE 7,722
MOP024	FEE-FOR-SERVICE		CLO II		(LI OI(I	1 1010 01110 2	1002 11110 1	DEC 2002	_	01/17/03
MONO COUNTY		ICES FOR 31 MN -	900	- DICABLED A	ATD CC	DDES 65 67	6 W			01/1//03
MONO COUNTI	SUMMARI OF SERV	ICES FOR SI MN -	300	- DISABLED A	TID CC	00 00 01		ONTHLY AVERA	CE	
22 81 1218182	HOEDO	INTEG OF GERIAGE	,		7. 7. 7. 7.	1D 3 CH CO CH			-	COCE DED
22 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
0.0000000000000000000000000000000000000	غ ا	OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	42.85	\$	14.28	.136		Ş	1.95
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	1	3		42.85		14.28	.136	42.85		1.95
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0	·	.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
	0	0	ٻ		Ą				Ą	
MEDICINE/INJECTIONS	0	·		.00		.00	.000	.00		.00
SURGERY/ANES.	U	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00		.00	.000			.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00		.00	.000		\$.00
@TOTAL HOSPITAL	2	2	Ś	813.27		406.64	.091			36.97
HOSP INPATIENT TOTAL	1	1	т.	812.00		812.00	.045	812.00		36.91
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	Û		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	Û		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	1		812.00		812.00	.045	812.00		36.91
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1		1.27		1.27	.045	1.27		.06
MEDICAL	0	<u> </u>		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.27		1.27	.045	1.27		.06
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	'	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	Ö	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES	AND EXPENDITUR	RES MO		REPOR			DEC 2002	P	PAGE 7,723
MOP024	FEE-FOR-SERVICE/D									01/17/03
MONO COUNTY	SUMMARY OF SERVICE		- SOC	- DISABLED	AID C	ODES 65 67	6W			0=,=:,00
								ONTHLY AVER	AGE	
22 ELIGIBLES	USERS U	NITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$	813.27	\$	406.64	.091	\$ 406.64	\$	36.97
COMM HOSP INPATIENT TOTAL	1	1		812.00		812.00	.045	812.00		36.91

22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2 \$	813.27	\$ 406.64	.091 \$	406.64	\$ 36.97
COMM HOSP INPATIENT TOTAL	1	1	812.00	812.00	.045	812.00	36.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	812.00	812.00	.045	812.00	36.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOOD OHEDARTENE HORAT	1	1		1 27		1 07	0.4 E	-	27		0.0
COMM HOSP OUTPATIENT TOTAL	1	0		1.27		1.27	.045	_	27		.06
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		1.27		1.27	.045	1	.27		.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
-	0	•	Ą		Ş			Ą		ş	
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	O	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	•									
LEV B-REGULAR	U	0		.00	_	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	332.20	\$	332.20	.045	\$ 332	2.20	\$	15.10
HOSPITAL BASED	0	0		.00		.00	.000		.00	·	.00
HEMODIALYSIS CENTER	1	1		332.20		332.20	.045	333	2.20		15.10
	1	0	ċ		÷					ċ	.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	Ş	.00	\$	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	Ś	178.76	\$	35.75	.227	\$ 44	1.69	\$	8.13
CLINIC	0	0	'	.00	'	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	Û	Ū		.00		.00	.000	4	.00		.00
RURAL HEALTH CLINIC	4	5		178.76		35.75	.227		1.69		8.13
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT R	REPORT	r for Jan :	2002 THRU	DEC 2002	2	PA	AGE 7,724
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	/ICES FOR 31 MN -	SOC	- DISABLED A	ID CC	DES 65 67	6W				
							M	ONTHLY A	VERA	AGE -	
22 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S COST	PER	C	COST PER
		OR DAYS OF CARE					PER ELIG				CLIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	14.68	\$	7.34	.091		1.68		.67
=	0	0	Y	.00	Y	.00	.000	γ 1-	.00	Y	.00
DURABLE MED. EQUIP.	0										
BLOOD BANK	U	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ADULT DAY HEALTH CARE CTR	•	ŭ					.000				
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		14.68		7.34	.091	14	1.68		.67
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 1,184.32	\$ 236.86	.227	\$ 296.08	\$ 53.83

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,725
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 31 198 17,177.98 86.76 9.900 \$ 554.13 \$ 858.90 39 @PHYSICIANS SERVICES 10 1,635.15 41.93 1.950 \$ 163.52 \$ 81.76 OUTPATIENT VISITS 3 3 170.97 56.99 .150 56.99 8.55 OFFICE VISITS Ω Ω .00 .00 .000 .00 .00 Ω 0 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM 3 3 170.97 56.99 .150 56.99 8.55 .000 0 .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 0 .00 .00 .00 .00 .000

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	9		1,025.41		113.93	.450		512.71		51.27
HOSPITAL VISITS	1	1		32.46		32.46	.050		32.46		1.62
CRITICAL CARE	1	8		992.95		124.12	.400		992.95		49.65
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	19		171.48		9.03	.950		171.48		8.57
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	19		171.48		9.03	.950		171.48		8.57
OUTPATIENT SURGERY	± 1	1		104.00		104.00	.050		104.00		5.20
PRINCIPAL SURGEON	1	1		104.00		104.00	.050		104.00		5.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		30.40		30.40	.050		30.40		1.52
RADIOLOGY	1	1		14.28		14.28	.050		14.28		.71
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		118.61		23.72	.250		39.54		5.93
@PHARMACY	2	7	Ś		Ś	76.07	.350			ċ	26.63
PRESCRIPTION DRUGS	2	7	Ą	532.50	Ą	76.07	.350		266.25	Ą	26.63
SNF/ICF	2	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	7		532.50		76.07	.350		266.25		26.63
MEDICAL SUPPLIES	2	0				.00	.000				
	0	19	Ś	.00 950.00	\$	50.00	.950		.00	ċ	.00 47.50
@DENTIST	2	7	Þ	92.00	Ş				475.00	Ģ	
VISITS - DIAGNOSTIC	∠	/				13.14	.350		46.00		4.60
ORAL SURGERY	⊥ 1	4 2		440.00		110.00	.200		440.00		22.00
DRUGS	1			30.00		15.00	.100		30.00		1.50
ANESTHESIA	1	1		100.00		100.00	.050		100.00		5.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0 1	Ū		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	5		288.00		57.60	.250		288.00		14.40
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUI	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	: 2002	PA	AGE 7,726
MOP024	FEE-FOR-SERVICE/DENTAL	20	_			- 6- 6-					01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	32 MN -	- SC	OC - FAMILIES AID CO	DDE 5	K 6R 37			III V ATUEDA	C D	

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 2 21.54 10.77 .100 \$ 21.54 \$ 1.08 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 2 21.54 10.77 .100 21.54 1.08 1 .000 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

			0.0	0.0	0.00	0.0	0.0
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		.00	
		38 \$					
@TOTAL HOSPITAL	11	•	8,975.34	\$ 236.19	1.900 \$	815.94	
HOSP INPATIENT TOTAL	2	5	8,202.28	1640.46	.250	4101.14	410.11
HSC HOSPITALS	1	4	3,840.00	960.00	.200	3840.00	192.00
NON-HSC HOSPITAL TOTAL	1	1	4,362.28	4362.28	.050	4362.28	218.11
ACCOMMODATIONS	1	1	492.60	492.60	.050	492.60	24.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	492.60	492.60	.050	492.60	24.63
ANCILLARIES	1	0	3,869.68	.00	.000	3869.68	193.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	33	773.06	23.43	1.650	85.90	38.65
	3						
MEDICAL	3	3	182.26	60.75	.150	60.75	9.11
SURGERY	1	2	26.02	13.01	.100	26.02	1.30
PATHOLOGY	4	11	123.77	11.25	.550	30.94	6.19
RADIOLOGY	3	4	203.48	50.87	.200	67.83	10.17
ROOM USE	5	5	146.53	29.31	.250	29.31	7.33
CROSSOVERS/ALL OTH OUTPINT	5	8	91.00	11.38	.400	18.20	4.55
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	· · · · · · · · · · · · · · · · · · ·	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,727
MOP024	FEE-FOR-SERVICE	,					01/17/03
MONO COUNTY		7ICES FOR 32 MN - SOC	- FAMILIES AID CO	DDE 5R 6R 37			
					MON'	THLY AVERA	GE
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
20 111011110	ODLINO	OR DAYS OF CARE	EM ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	38 \$	8,975.34	\$ 236.19	1.900 \$		
	2		•				
COMM HOSP INPATIENT TOTAL		5	8,202.28	1640.46	.250	4101.14	410.11
HSC HOSPITALS	1	4	3,840.00	960.00	.200	3840.00	192.00
NON-HSC HOSPITALS TOTAL	1	1	4,362.28	4362.28	.050	4362.28	218.11
ACCOMMODATIONS	1	1	492.60	492.60	.050	492.60	24.63

.050

492.60

492.60

492.60

24.63

ACCOMMODATIONS

	_	_									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		492.60		492.60	.050		492.60		24.63
ANCILLARIES	1	0		3,869.68		.00	.000		3869.68		193.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	33		773.06		23.43	1.650		85.90		38.65
MEDICAL	3	3		182.26		60.75	.150		60.75		9.11
SURGERY	1	2		26.02		13.01	.100		26.02		1.30
PATHOLOGY	4	11		123.77		11.25	.550		30.94		6.19
RADIOLOGY	3	4		203.48		50.87	.200		67.83		10.17
ROOM USE	5	5		146.53		29.31	.250		29.31		7.33
CROSSOVERS/ALL OTH OUTPINT	5	8		91.00		11.38	.400		18.20		4.55
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00		.00	.000		.00	·	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	16	\$	1,559.18	\$	97.45	.800	Ś	155.92	Ś	77.96
CLINIC	0	0		.00	'	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	16		1,559.18		97.45	.800		155.92		77.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES	•	EPORT			DEC		P	AGE 7,728
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03

20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3.850 \$ 1168.09 \$ 175.21 3 77 \$ 3,504.27 \$ 45.51 @ALL OTHER PROVIDERS .00 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 .00 0 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 3.600 3.550 72 3356.48 167.82 3,356.48 46.62 MEDICAL TRANSPORTATION 1 71 21.92 1556.48 77.82 1,556.48 AMBULANCES/AIR TRANS .00 .000 1800.00 .050 OTHER TRANS 0 .00 .00 .00 1 1,800.00 90.00 OTHER SERVICES 1800.00 ACUPUNCTURE .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

MONO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.68	7.34	.100	14.68	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	3	133.11	44.37	.150	133.11	6.66
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,729 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

110110 0001111	COLUMN CI DEL	VIOLO ION SS HEDI	011111	NEEDI DOO				
							NTHLY AVERA	-
54 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	70	398	\$	52 , 677.96	\$ 132.36	7.370		
@PHYSICIANS SERVICES	12	4 4	\$	1,707.87	\$ 38.82	.815		•
OUTPATIENT VISITS	4	4		199.10	49.78	.074	49.78	3.69
OFFICE VISITS	1	1		28.13	28.13	.019	28.13	.52
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		170.97	56.99	.056	56.99	3.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	9		1,025.41	113.93	.167	512.71	18.99
HOSPITAL VISITS	1	1		32.46	32.46	.019	32.46	.60
CRITICAL CARE	1	8		992.95	124.12	.148	992.95	18.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	19		171.48	9.03	.352	171.48	3.18
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19		171.48	9.03	.352	171.48	3.18
OUTPATIENT SURGERY	1	1		104.00	104.00	.019	104.00	1.93
PRINCIPAL SURGEON	1	1		104.00	104.00	.019	104.00	1.93
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		30.40	30.40	.019	30.40	.56

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	1		14.28		14.28	.019		14.28		.26
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.74		5.74	.019		5.74		.11
OTHER SERVICES/ALL X-OVERS	4	8		157.46		19.68	.148		39.37		2.92
@PHARMACY	33	176	\$	32,874.61	\$	186.79	3.259	\$	996.20	\$	608.79
PRESCRIPTION DRUGS	33	176		32,874.61	•	186.79	3.259		996.20		608.79
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	33	176		32,874.61		186.79	3.259		996.20		608.79
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	5	24	\$	1,575.00	\$	65.63	.444	\$	315.00	\$	29.17
VISITS - DIAGNOSTIC	3	9		137.00		15.22	.167		45.67		2.54
ORAL SURGERY	1	4		440.00		110.00	.074		440.00		8.15
DRUGS	1	2		30.00		15.00	.037		30.00		.56
ANESTHESIA	1	1		100.00		100.00	.019		100.00		1.85
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	7		418.00		59.71	.130		209.00		7.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		450.00		450.00	.019		450.00		8.33
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		RES MON	TH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	Pi	AGE 7,730 01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 33 MED	ICALLY	NEEDY - SOC							. ,
							M	ONT	HLY AVERA	GE.	

							[v](MIUDI HAPP	AGE:	
54 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	3		PER U	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	64.39	\$	12.88	.093	\$ 32.20	\$	1.19
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00

EYE APPLIANCES	2	5		64.39		12.88	.093		32.20		1.19
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	
	0	ū									.00
SURGERY/ANES.	U	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	45	Ś	10,665.27	\$	237.01	.833	\$	711.02		197.51
HOSP INPATIENT TOTAL	4	10	Y	9,826.28	Y	982.63	.185	Ÿ	2456.57	Y	181.97
	-										
HSC HOSPITALS	1	4		3,840.00		960.00	.074		3840.00		71.11
NON-HSC HOSPITAL TOTAL	1	1		4,362.28		4362.28	.019		4362.28		80.78
ACCOMMODATIONS	1	1		492.60		492.60	.019		492.60		9.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		492.60		492.60	.019		492.60		9.12
ANCILLARIES	1	0		3,869.68		.00	.000		3869.68		71.66
INPATIENT CROSSOVERS	2	5		1,624.00		324.80	.093		812.00		30.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	35		838.99		23.97	.648		76.27		15.54
	4	4		246.92		61.73	.074		61.73		4.57
MEDICAL											
SURGERY	1	2		26.02		13.01	.037		26.02		.48
PATHOLOGY	4	11		123.77		11.25	.204		30.94		2.29
RADIOLOGY	3	4		203.48		50.87	.074		67.83		3.77
ROOM USE	5	5		146.53		29.31	.093		29.31		2.71
CROSSOVERS/ALL OTH OUTPINT	6	9		92.27		10.25	.167		15.38		1.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
TRANSITIONAL IP CARE	•	0				.00	.000				.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Û		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0		.00		.00	.000		.00		.00
	-	O	י סבר		ם ח עם			חפת		י ח	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		VED I	MONITE-OF-PAIMENT RI	LPUK	I FUK JAN	ZUUZ THKU	ηĽ.C	. 2002	PF	AGE 7,731
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MONO COUNTY	SUMMARY OF SERVICES F	UK 33 MED	ı CALl	LY NEEDY - SOC			= -			~ =	
							M	I'NOI	HLY AVERA	GE -	

54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER	Ŧ	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	45	\$	10,665.27	\$	237.01	.833		711.02		197.51
COMM HOSP INPATIENT TOTAL	4	10		9,826.28		982.63	.185		2456.57	·	181.97
HSC HOSPITALS	1	4		3,840.00		960.00	.074		3840.00		71.11
NON-HSC HOSPITALS TOTAL	1	1		4,362.28		4362.28	.019		4362.28		80.78
ACCOMMODATIONS	1	1		492.60		492.60	.019		492.60		9.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		492.60		492.60	.019		492.60		9.12
ANCILLARIES	1	0		3,869.68		.00	.000		3869.68		71.66
INPATIENT CROSSOVERS	2	5		1,624.00		324.80	.093		812.00		30.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	35		838.99		23.97	.648		76.27		15.54
MEDICAL	4	4		246.92		61.73	.074		61.73		4.57
SURGERY	1	2		26.02		13.01	.074		26.02		.48
	4	11									
PATHOLOGY	3	4		123.77		11.25	.204		30.94		2.29
RADIOLOGY	3			203.48		50.87	.074		67.83		3.77
ROOM USE	5	5		146.53		29.31	.093		29.31		2.71
CROSSOVERS/ALL OTH OUTPTNT	0	9	<u> </u>	92.27	<u> </u>	10.25	.167	<u> </u>	15.38	<u> </u>	1.71
@STATE HOSPITAL	0		\$.00	\$.00		\$.00	\$.00
MENTALLY ILL		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	332.20	\$	332.20		\$	332.20	\$	6.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		332.20		332.20	.019		332.20		6.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	24	\$	1,939.67	\$	80.82	.444	\$	114.10	\$	35.92
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	24		1,939.67		80.82	.444		114.10		35.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2002 THRU	DEC	2002	PA	AGE 7,732
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 33 MEDI	CALL	Y NEEDY - SOC							
							M				
54 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	79	\$	3,518.95	\$	44.54	1.463	\$	879.74	\$	65.17
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION 1 72 3,356.48 46.62 1.333 3356.48 62.16 AMBULANCES/AIR TRANS 1 71 1,556.48 21.92 1.315 1556.48 28.82 OTHER TRANS 0 0 .00 .00 .00 .00 .00 OTHER SERVICES 1 1 1,800.00 1800.00 .019 1800.00 .00 ACUPUNCTURE 0 0 .00	HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	.00
OTHER TRANS OTHER SERVICES 1 1 1 1,800.00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	MEDICAL TRANSPORTATION	1	72	3,356.48		46.62	1.333	3356.48	62.16
OTHER SERVICES 1 1 1 1,800.00 1800.00 .019 1800.00 33.33 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .000 .000 .	AMBULANCES/AIR TRANS	1	71	1,556.48		21.92	1.315	1556.48	28.82
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER SERVICES	1	1	1,800.00	1	1800.00	.019	1800.00	33.33
GENETIC DISEASE TESTING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 .00	GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
OPTICIAN 2 4 29.36 7.34 .074 14.68 .54 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	2	4	29.36		7.34	.074	14.68	.54
PROSTHETIST/ORTHOTISTS 0 0 .00	PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING<	PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00	PROSTHETICS	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0 0 .00	ORTHOTICS	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 1 3 133.11 44.37 .056 133.11 2.47 @CALIF. CHILDREN SERVICES* 0 \$.00 \$.00 \$.00 \$.00 \$.00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS 1 3 133.11 44.37 .056 133.11 2.47 @CALIF. CHILDREN SERVICES* 0 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 .000 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
	ALL OTHER PROVIDERS	1	3	133.11		44.37	.056	133.11	2.47
@XOVER EXCLUDING STATE HOSP** 5 \$ 1,996.32 \$ 399.26 .093 \$ 399.26 \$ 36.97	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		
	@XOVER EXCLUDING STATE HOSP**	5	5	\$ 1,996.32	\$	399.26	.093	\$ 399.26	\$ 36.97

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

MONO COUNTI	DOMINANT OF DEIN	VICES FOR SA PIN	ПТИО	AGED	AID CO	טטט		
						MON	THLY AVERAG	GE
39 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32	1,183	\$	103,176.27	\$ 87.22	30.333 \$	3224.26	\$ 2645.55
@PHYSICIANS SERVICES	3	5	\$	100.13	\$ 20.03	.128 \$	33.38	\$ 2.57
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		100.13		20.03	.128		33.38		2.57
@ PHARMACY	28	223	\$	8,279.05	\$	37.13	5.718	\$	295.68	\$	212.28
PRESCRIPTION DRUGS	27	210		7,774.53		37.02	5.385		287.95		199.35
SNF/ICF	27	210		7,774.53		37.02	5.385		287.95		199.35
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	3	13		504.52		38.81	.333		168.17		12.94
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
·	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 MEDI-CAL SERVIC	0 0 0 CES AND EXPENDITION	RES MON	.00	ZPORT	.00	.000	DEC	.00	D)	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MON	.00	EPORT	.00	.000	DEC	.00	ΡŽ	.00 .00 AGE 7,734
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURE/DENTAL		.00 .00 TH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 :002 THRU	DEC	.00	ΡŻ	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR		.00 .00 TH-OF-PAYMENT RE	EPORT	.00	.000 .000 :002 THRU		.00 .00 2002		.00 .00 AGE 7,734
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURED FOR 34 MN -	- LTNG	.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONT	.00 .00 2002 HLY AVERA	GE -	.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURED TO THE CONTROL OF SERVICES FOR SERVICES TO SERVICES OF SE	- LTNG	.00 .00 TH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CC	.000 .000 THRU DDE M UNITS/DAY	ONT	.00 .00 2002 HLY AVERA COST PER	.GE -	.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE C/DENTAL VICES FOR 34 MN UNITS OF SERVICE OR DAYS OF CARE	- LTNG E	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CC RAGE COST .UNIT/DAY	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG	ONT:	.00 .00 2002 HLY AVERA COST PER USER	GE - (.00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARBOOK	- LTNG	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00	AVE	.00 .00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00	GE - (.00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE OF SERVICE OR DAYS OF CARD	- LTNG E	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CC RAGE COST .UNIT/DAY .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE OF SERVICE OR DAYS OF CARD	- LTNG E	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLL OR DAYS	- LTNG E \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - (I \$.00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE OF LANGUAGE STATE OF SERVICE OR DAYS OF CARD O COMPANY OF CARD O COMPANY OF CARD O COMPANY O COM	- LTNG E	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - (I \$.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE OF LEVEL OF SERVICE OR DAYS OF CARROLD OR DAYS OF	- LTNG E \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - (I \$.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE DENTAL VICES FOR 34 MN UNITS OF SERVICE OR DAYS OF CARD O O O O O O O	- LTNG E \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - (; \$.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE/DENTAL VICES FOR 34 MN UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	- LTNG E \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT:	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (; \$.00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	CES AND EXPENDITURE/DENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARR O O O O O O O O O O O O	- LTNG E \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (; \$.00 .00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE/DENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARR 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG E \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .0002 THRU DDE 	ONT S \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - (; \$.00 .00 .00 AGE 7,734 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARD O O O O O O O O O O O O O O O O O O O	- LTNG E \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - (; \$.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	- LTNG E \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT.	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARD O O O O O O O O O O O O O O O O O O O	- LTNG E \$ \$ \$.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT.	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT.	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (I I I I I I I I I I I I I I I I I I	.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT.	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - (I I I I I I I I I I I I I I I I I I	.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (I	.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE 9 \$ \$ \$ \$ \$\$.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - (I	.00 .00 .00 AGE 7,734 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 39 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLD OO	LTNG S S S S S S S S S S S S S	.00 .00 TH-OF-PAYMENT RE - AGED EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE 9 \$ \$ \$ \$ \$\$.00 .00 .00 AGE 7,734 01/17/03

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	21.80	21.80	.026	21.80	.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	21.80	21.80	.026	21.80	.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

MONO COUNTI	DOMMAN OF BENVE	ICES FOR S4 PIN	птио	AGED		AID CC				~-	
20 51 10151 50	11077		1		3.7.7		M				
39 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
	-	OR DAYS OF CARE		01.00			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	21.80	\$	21.80	.026	Ş	21.80	Ş	.56
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		21.80		21.80	.026		21.80		.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		21.80		21.80	.026		21.80		.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	851	\$	93,224.41	\$	109.55	21.821	\$	3884.35	\$	2390.37
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	851		93,224.41		109.55	21.821		3884.35		2390.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.20	\$	15.20	.026	\$	15.20	\$.39
PATHOLOGY	1	1		15.20		15.20	.026		15.20		.39
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	37	\$	765.84	\$	20.70	.949	\$	95.73	\$	19.64
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	37		765.84		20.70	.949		95.73		19.64
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	ES MON'		EPORT			DEC		Р	AGE 7,736
MOP024	FEE-FOR-SERVICE					,				-	01/17/03
MONO COUNTY		ICES FOR 34 MN -	LTNG -	- AGED		AID CO	DDE				. , , ,
				- 							

					MON'	THLY AVERA	GE
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	65 \$	769.84	\$ 11.84	1.667 \$	384.92	\$ 19.74
DURABLE MED. EQUIP.	2	4	674.19	168.55	.103	337.10	17.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	61	95.65	1.57	1.564	95.65	2.45
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	61	95.65	1.57	1.564	95.65	2.45
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	•
@XOVER EXCLUDING STATE HOSP**	14	49 \$	1,098.46	\$ 22.42	1.256 \$	78.46	\$ 28.17
0* TOTALS IN THESE LINES ARE			•				
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,737
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL MONO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
	0	0								
OUTPATIENT SURGERY	U	U		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
	0	0								.00
OTHER SERVICES/ALL X-OVERS	U		4	.00		.00	.000	.00		
@PHARMACY	0	0 \$	P .	.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0 \$	3	.00	\$.00	.000	\$.00	Ś	.00
VISITS - DIAGNOSTIC	Û	0	•	.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
	0	0								
DRUGS	U	•		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0								
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONTE	H-OF-PAYMENT RE	EPORT FOR	JAN 2	2002 THRU DI	EC 2002	P.	AGE 7,738
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
MONO COUNTY	SUMMARY OF SERV	/ICES FOR 35 MN - I	LTNG -	BLIND		AID CO	ODE			
							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAYS			COST PER
OO HIIGIDIID	OBLIG	OR DAYS OF CARE		DAI DINDITORDO			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		-	.00		.00	.000			.00
-	•		7		Ş				ې	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$	>	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0 \$	3	.00	\$.00	.000		Ś	.00
MEDICINE/INJECTIONS	0	0	r	.00	7	.00	.000	.00	Y	.00
	0	ŭ								
SURGERY/ANES.	ŭ	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000			.00
NURSE ANESTHESIST	0	0 \$	Ş	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	Ο		0 \$.00	\$.00	.000 \$.00	Ġ	.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	3	.00	\$.00	.000 \$.00
FAMILY NURSE PRACTITIONER	0		0 9		.00	¢	.00	.000 \$.00
@TOTAL HOSPITAL	0		0 9		.00	\$.00	.000 \$.00
HOSP INPATIENT TOTAL	0		0	,	.00	Y	.00	.000	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0								
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0 \$	5	.00	\$.00	.000 \$		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EX	PENDITURES	MONTH	-OF-PAYMENT I	REPOR	T FOR JAN 2	2002 THRU DE	C 2002	PAG:	E 7,739
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	VICES FOR	35 MN - I	LTNG -	BLIND		AID CC	DDE			
								MON		GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS	OF CARE			PE:	R UNIT/DAY	PER ELIG	USER	EL	IGIBLE
ACOMMINITY HOSPITAL TOTAL	0		n \$	3	0.0	¢	$\cap \cap$	000 \$	0.0	Ġ	$\cap \cap$

@COMMUNITY HOSPITAL TOTAL .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES 0 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .00 .00 .000 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 .00 .00 0 0 .000 .00 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,740 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,741
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MON	ITHLY AVERAC	SE
02 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	158	\$	8,935.35	\$ 56.55	79.000 \$	1489.23	\$ 4467.68
@PHYSICIANS SERVICES	2	3	\$	164.34	\$ 54.78	1.500 \$	82.17	\$ 82.17
OUTPATIENT VISITS	2	2		108.08	54.04	1.000	54.04	54.04
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		108.08	54.04	1.000	54.04	54.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	Ō	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	Û	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00							
OUTPATIENT SURGERY	0	0				.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	U	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		56.26		56.26	.500		56.26		28.13
@PHARMACY	1	7 \$	\$	329.18	\$	47.03	3.500	\$	329.18	\$	164.59
PRESCRIPTION DRUGS	1	7		329.18		47.03	3.500		329.18		164.59
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	7		329.18		47.03	3.500		329.18		164.59
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0 9	ŝ	.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	'	.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	Ō	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		
	0	0							.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000				.00
SPACE MAINTAINERS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S MON	ITH-OF-PAYMENT RE	EPORT I	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 7,742
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	/ICES FOR 36 MN - I	LTNG	- DISABLED		AID CO	ODE				
							M	ONT	HLY AVERA	GE.	
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER 1	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000	\$.00	\$.00
0-1-1111101	J	o .	'	• • • •	т		• 0 0 0	7	• 0 0	7	• • •

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$		·			
FAMILY NURSE PRACTITIONER	0	· · · · · · · · · · · · · · · · · · ·	.00	\$.00 \$ 23.87	.000 \$		\$.00 \$ 453.55
@TOTAL HOSPITAL	2	38 \$	907.10		19.000 \$	453.55	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	38	907.10	23.87	19.000	453.55	453.55
MEDICAL	2	3	105.87	35.29	1.500	52.94	52.94
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	19	309.80	16.31	9.500	154.90	154.90
RADIOLOGY	1	1	266.30	266.30	.500	266.30	133.15
ROOM USE	2	3	119.93	39.98	1.500	59.97	59.97
CROSSOVERS/ALL OTH OUTPTNT	2	12	105.20	8.77	6.000	52.60	52.60
@COUNTY HOSPITAL TOTAL	0	0 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	•	.00				•
	0	0		.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 7,743
MOP024	FEE-FOR-SERVICE						01/17/03
MONO COUNTY		ICES FOR 36 MN - LTNG	- DISABLED	AID CC	DE		
110110 0001111	SOTIMENT OF SERV	1020 1011 00 1111 21110	2121222	1112 00	MONT	HIY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
VZ HHIGIDHID	OBLIND	OR DAYS OF CARE	EMILINDITONEO	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	38 \$	907.10	\$ 23.87	19.000 \$		
COMM HOSP INPATIENT TOTAL			201.10	T 40.01	10.000 Y	100.00	T 100.00
			$\cap \cap$	0.0	$\cap \cap \cap$	$\cap \cap$	$\cap \cap$
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					

ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		38		907.10		23.87	19.000		453.55		453.55
MEDICAL	2		3		105.87		35.29	1.500		52.94		52.94
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		19		309.80		16.31	9.500		154.90		154.90
RADIOLOGY	1		1		266.30		266.30	.500		266.30		133.15
ROOM USE	2		3		119.93		39.98	1.500		59.97		59.97
CROSSOVERS/ALL OTH OUTPTNT	2		12		105.20		8.77	6.000		52.60		52.60
@STATE HOSPITAL	2		0	\$.00	Ś	.00	.000	ċ	.00	ċ	.00
• -	0		0	ş	.00	ې	.00	.000	Ą	.00	ې	.00
MENTALLY ILL	0		0									
DEVELOP. DISABLED	0		31	Ś	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@NURSING FACILITY	1		31	Þ	5,342.54	\$	172.34	15.500	Ş	5342.54	Þ	
LEV A-INTERMEDIATE	0		0		.00		.00	.000				.00
LEV B-REHAB MD	U		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		•		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		31		5,342.54		172.34	15.500		5342.54		2671.27
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		1	\$	18.09	\$	18.09	.500	\$	18.09	\$	9.05
PATHOLOGY	1		1		18.09		18.09	.500		18.09		9.05
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4		10	\$	1,682.93	\$	168.29	5.000	\$	420.73	\$	841.47
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4		10		1,682.93		168.29	5.000		420.73		841.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDITUR	ES MONT	H-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 7,744
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR	36 MN -	LTNG -	DISABLED		AID CO	DDE				
								M	TNC	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS						PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2		68	\$	491.17	\$	7.22	34.000		245.59	\$	245.59
DURABLE MED. EQUIP.	0		0	•	.00		.00	.000		.00	•	.00
DIOOD DANK	0		0		00		0.0	000		0.0		00

						HONTHEL AVEICAGE				
02 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	2	68	\$	491.17	\$ 7.22	34.000 \$	245.59	\$ 245.59		
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00		
BLOOD BANK	0	0		.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	2	68		491.17	7.22	34.000	245.59	245.59		
AMBULANCES/AIR TRANS	1	63		467.09	7.41	31.500	467.09	233.55		
OTHER TRANS	1	5		24.08	4.82	2.500	24.08	12.04		
OTHER SERVICES	0	0		.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
0: -0							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,745
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
	0	0	.00		.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00		.00	.00	
ANESTHESIOLOGIST	0	0	.00		.000	.00		
OUTPATIENT SURGERY	0	0		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	•	· ·	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 7,746	6
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03	3
MONO COUNTY	SUMMARY OF SERVI	CES FOR 37 MN - LTNG	- FAMILIES	DISCONT	IN			
					MON'		GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	Ψ	.00	т	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00			.000	.00	.00
	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0				.00			
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL		0		.00		.00	.000	.00	.00
SURGERY	0	U		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT FOR	R JAN :	2002 THRU DEC	2002	PAGE 7,747
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	- LTNG	- FAMILIES	I	DISCON'	TIN		
							MONTH	LY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGI	E COST	UNITS/DAYS C	OST PER	COST PER

		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG	<u> </u>	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00)	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00)	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00					.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	Ċ			.00	.000	ċ		ċ	
@STATE HOSPITAL	0	•	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0	<u>^</u>	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	O	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 2	002 THRU	DEC	2002	PA	GE 7,748
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY	SUMMARY OF SERVI	ICES FOR 37 MN -	LTNG	- FAMILIES		DISCONT	IN				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	. AVE						
		OR DAYS OF CARE				R UNIT/DAY					
@ALL OTHER PROVIDERS	0	0		.00		.00			.00		.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	-									

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,749
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

			 				C D	
						ONTHLY AVERA	-	
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	LIGIBLE
@TOTAL, ALL PROVIDERS	38	1,341	\$ 112,111.62	\$ 83.60	32.707	\$ 2950.31	\$ 2	2734.43
@PHYSICIANS SERVICES	5	8 \$	\$ 264.47	\$ 33.06	.195	\$ 52.89	\$	6.45
OUTPATIENT VISITS	2	2	108.08	54.04	.049	54.04		2.64
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2	108.08	54.04	.049	54.04		2.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000)	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000)	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000)	.00		.00
OTHER SERVICES/ALL X-OVERS	4	6		156.39		26.07	.146	5	39.10		3.81
@PHARMACY	29	230 \$		8,608.23	\$	37.43	5.610) \$	296.84	\$	209.96
PRESCRIPTION DRUGS	28	217		8,103.71		37.34	5.293	3	289.42		197.65
SNF/ICF	27	210		7,774.53		37.02	5.122	2	287.95		189.62
OUTPATIENTS	1	7		329.18		47.03	.171	L	329.18		8.03
MEDICAL SUPPLIES	3	13		504.52		38.81	.31	7	168.17		12.31
@DENTIST	0	0 \$.00	\$.00	.000) \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000)	.00		.00
ORAL SURGERY	0	0		.00		.00	.000)	.00		.00
DRUGS	0	0		.00		.00	.000)	.00		.00
ANESTHESIA	0	0		.00		.00	.000)	.00		.00
PERIODONTICS	0	0		.00		.00	.000)	.00		.00
ENDODONTICS	0	0		.00		.00	.000)	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000)	.00		.00
PROSTHETICS	0	0		.00		.00	.000)	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000)	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000)	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000)	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-	-PAYMENT R	EPORT	FOR JAN	2002 THRU	J DEC	C 2002	PI	AGE 7,750
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/17/03

MONO COUNTY	SUMMARY OF SERV	VICES FOR	38 MEDI	CALLY	NEEDY - LTNG			M	חות	מוע אוופסא	CF	
41 ELIGIBLES	USERS	UNITS OF	SERVICE	!	EXPENDITURES	Δ1/F	ERAGE COST				.GE	COST PER
41 50101000	ODERO	OR DAYS			EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	011 21110	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		Ō		.00	'	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	·	.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3		39	\$	928.90	\$	23.82	.951	\$	309.63	\$	22.66
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3		39		928.90		23.82	.951		309.63		22.66
MEDICAL	2		3		105.87		35.29	.073		52.94		2.58
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		19		309.80		16.31	.463		154.90		7.56
RADIOLOGY	1		1		266.30		266.30	.024		266.30		6.50
ROOM USE	2		3		119.93		39.98	.073		59.97		2.93
CROSSOVERS/ALL OTH OUTPINT	3		13	ć	127.00	Ċ	9.77	.317	Ċ	42.33	Ċ	3.10
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Þ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00			.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	Ö		0		.00		.00	.000		.00		.00
ROOM USE	Ö		Ö		.00		.00	.000		.00		.00
1.0011 002	9		J		. 5 0		• • • •	• 0 0 0		• 0 0		• • • •

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY

MONO COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

FEE-FOR-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG
----- MONTHLY AVERAGE ------41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 39 \$ 0 928.90 \$ 23.82 .951 \$ 309.63 \$ 22.66 Ω COMM HOSP INPATIENT TOTAL 0 HSC HOSPITALS 0 0 NON-HSC HOSPITALS TOTAL Ω 0 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE 0 ALL OTHER ACCOM 0 .00 0 .00 0 .00 39 928.90 105.87 ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 39 3 0 2 19 1 1 2 3 3 13 0 0 \$ 0 0 0 MEDICAL PATHOLOGY RADIOLOGY ROOM USE SURGERY CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL 0 MENTALLY ILL DEVELOP. DISABLED QNURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 0 0 0 0 882 .00 .00 .000 .00 .00 .00 .000 .00 .000 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 0 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 98,566.95 111.75 21.512 3942.68 2404.07 .00 \$.00 \$.00 \$.00 \$ LEV B-REGULAR 0 0 @INTERMEDIATE CARE FACIL.-DD .000 ICF DDH 0 .00 .00 .00 . 00 Ω ICF DD .00 ICF DDN/DDCN 0 .00 @HEMODIALYSIS TOTAL 0
HOSPITAL BASED 0
HEMODIALYSIS CENTER 0
@REHABILITATION FACILITY 0 .00 0 .00 0 .00 . 00 HOSPITAL BASED 0 0 . 00 0 2 2 0 0 2 \$ 2 0 47 \$ INDEPENDENT FACILITY . 00 @LABORATORY FACILITY . 81 PATHOLOGY XO AND OTHERS .049 16.65 33.29 16.65 .81 @ORGANIZED OUTPATIENT CLINIC 12 0 0 Ω CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,752 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

							ILLI AVEIKA	
41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ST UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DA		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	133	\$	1,261.01	\$ 9.48	3.244	\$	\$ 30.76
DURABLE MED. EQUIP.	2	4		674.19	168.55		337.10	16.44
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	129		586.82	4.55	3.146	195.61	14.31
AMBULANCES/AIR TRANS	1	63		467.09	7.41	1.537	467.09	11.39
OTHER TRANS	2	66		119.73	1.81	1.610	59.87	2.92
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	49	\$	1,098.46	\$ 22.42	1.195	\$ 78.46	\$ 26.79
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPA	RATE INFORMATION I	TEM ON	NLY;				
THE AMOUNTS ARE ALREADY INCLUDE:								
** THESE DATA ARE INCLIDED IN THE								

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,753
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----USERS 230 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 184 1,799 \$ 140,528.96 \$ 78.12 7.822 \$ 763.74 \$ 611.00 @PHYSICIANS SERVICES 13 21 581.94 \$ 27.71 .091 \$ 44.76 \$ 2.53 37.50 37.50 .004 37.50 OUTPATIENT VISITS 37.50 37.50 37.50 1 .004 .16 OFFICE VISITS 0 HOME VISITS 0 .00 .00 .000 .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .00 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1CR		21.60		21.60CR	.004C	R	21.60		.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	21		522.84		24.90	.091		43.57		2.27
@PHARMACY	118	493	\$	23,700.98	\$	48.08	2.143	\$	200.86	\$	103.05
PRESCRIPTION DRUGS	115	476		22,987.05		48.29	2.070		199.89		99.94
SNF/ICF	27	210		7,774.53		37.02	.913		287.95		33.80
OUTPATIENTS	88	266		15,212.52		57.19	1.157		172.87		66.14
MEDICAL SUPPLIES	6	17		713.93		42.00	.074		118.99		3.10
@DENTIST	3	11	\$	725.00	\$	65.91	.048	\$	241.67	\$	3.15
VISITS - DIAGNOSTIC	1	2		45.00		22.50	.009		45.00		.20
ORAL SURGERY	1	7		550.00		78.57	.030		550.00		2.39
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		130.00		65.00	.009		130.00		.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITUR	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 7,754
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	R 39 MEDI	CAL	LY NEEDY - AGED							
							Mo				
000 511615150	TIGED O TRITEO	O D D T T T O E				DIGE COOK	TT3TT CO / D 3 TT	~ ~	COOK DED		200E DED

						110	/ L V _ L	11111 111111111	\sim	
230 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$	17.70	.026	\$	53.11	\$.46
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	6	106.22		17.70	.026		53.11		.46
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	76	\$ 5,340.87	\$ 70.27	.330	\$ 242.77	\$ 23.22
HOSP INPATIENT TOTAL	4	9	2,688.58	298.73	.039	672.15	11.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	9	2,688.58	298.73	.039	672.15	11.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	67	2,652.29	39.59	.291	147.35	11.53
MEDICAL	1	1	64.66	64.66	.004	64.66	.28
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.50	2.50	.004	2.50	.01
RADIOLOGY	1	1	62.99	62.99	.004	62.99	.27
ROOM USE	2	2	88.34	44.17	.009	44.17	.38
CROSSOVERS/ALL OTH OUTPINT	15	62	2,433.80	39.25	.270	162.25	10.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,755
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONO COUNTY	SUMMARY OF SERVICES F	OR 39 MEDICALLY	NEEDY - AGED				

MOPUZ4	FEE-FOR-SERVIC		D T C 3 T T	V NEEDY ACED							01/1//0.
MONO COUNTY	SUMMARY OF SER	VICES FOR 39 ME	DICALL	Y NEEDY - AGED			MO	חותר	א מי <i>טוו</i> א עדטי	CF	
230 ELIGIBLES	USERS	UNITS OF SERVI	~₽	EXPENDITURES	Z\ \ 7.	ERAGE COST			COST PER	.GE	COST PER
230 EDIGIDDES	ODERO	OR DAYS OF CA		EXIENDITORES		R UNIT/DAY		J	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	76	\$	5,340.87	Ś	70.27	.330	Ś	242.77	Ś	23.22
COMM HOSP INPATIENT TOTAL	4	9	т	2,688.58	Ψ.	298.73	.039	т	672.15	т	11.69
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	9		2,688.58		298.73	.039		672.15		11.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	18	67		2,652.29		39.59	.291		147.35		11.53
MEDICAL	1	1		64.66		64.66	.004		64.66		.28
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.50		2.50	.004		2.50		.01
RADIOLOGY	1	1		62.99		62.99	.004		62.99		.27
ROOM USE	2	2		88.34		44.17	.009		44.17		.38
CROSSOVERS/ALL OTH OUTPTNT	15	62		2,433.80		39.25	.270		162.25		10.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	25	851	\$	95,863.41	\$	112.65	3.700	\$	3834.54	\$	416.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	851		95 , 863.41		112.65	3.700		3834.54		416.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	87.50	\$	14.58	.026	Ş	21.88	\$.38
PATHOLOGY	4	6		87.50		14.58	.026		21.88		.38
XO AND OTHERS	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	47	102	\$	6,213.75	\$	60.92	.443	\$	132.21	\$	27.02
CLINIC	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					MON	THLY AVERAG	E
230 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	52	233 \$	7,909.29	\$ 33.95	1.013 \$	152.10	\$ 34.39
DURABLE MED. EQUIP.	2	4	674.19	168.55	.017	337.10	2.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	73	169.67	2.32	.317	56.56	.74
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	73	169.67	2.32	.317	56.56	.74
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	141.09	17.64	.035	47.03	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	148	6,924.34	46.79	.643	144.26	30.11
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	56	187 \$	10,814.01	\$ 57.83	.813 \$	193.11	\$ 47.02
A+ MOMATO IN MURCE ITHEC ADE CIVE	NT NO N OFFINI	A DE TATEODAM DE ON THEM ON	TT 37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 \$.00 00 ELIGIBLES USERS @TOTAL, ALL PROVIDERS 0 0 @PHYSICIANS SERVICES 0 0 OUTPATIENT VISITS 0 0 OFFICE VISITS HOME VISITS
EMERGENCY ROOM
PREVENTIVE CARE 0 0 0 0 0 OB VISITS/COMPRE PERI

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	ONTH-OF-PAYME	NT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAG	E 7,758
MOP024	FEE-FOR-SERVICE,	/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDI	CALL	Y NEEDY - BLI	ND							
								M	ONTE	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITU	RES	AVER.	AGE COST UN	ITS/DAY	S	COST PER	CC	ST PER

00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 .00 \$ @OPTOMETRIST 0 0 \$.00 .000 \$.00 0 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 0 .00 .00 OTHER SERVICES .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0					
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	
MEDICAL	0	0	.00			.00	.00
SURGERY	0	0		.00	.000		
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
					.000	.00	PAGE 7,759
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAIMENT RE	PORT FOR JAN	2002 THRU DEC	2002	01/17/03
MOPO COLUMN	FEE-FOR-SERVICE		NEEDY DIIND				01/1//03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICALLY	NEEDI - BLIND		MONTE	111 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CE
00 811018180	HOEDO	INTEG OF GERVINGE		717ED 7 CE COCE	MONT		-
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
ACOMMINITAL HOODING HOUSE	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

ACCOMMODATIONS

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	7 , 760
MOP024	FEE-FOR-SERVICE/DEN	TAL						0.2	L/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICA	LLY NEEDY - BLIND						
						N	MONTHLY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EDIGIDDES	ODERO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	Λ	0 \$.00	\$.00	.000 \$.00 \$	-
DURABLE MED. EQUIP.	0	0 4	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 6	.00	\$.00			
•	0	0 5		·			
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,761 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

				MONTHLY AVERAGE -						
215 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	194	2,246	\$ 503,469.31	\$ 224.16	10.447 \$	2595.20	\$ 2341.72			
@PHYSICIANS SERVICES	29	143	\$ 13,617.25	\$ 95.23	.665 \$	469.56	\$ 63.34			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	13	19		788.3	9	41.49	.088		60.65		3.67
OFFICE VISITS	6	6		160.2	4	26.71	.028		26.71		.75
HOME VISITS	0	0		.0	0	.00	.000		.00		.00
EMERGENCY ROOM	9	13		628.1	5	48.32	.060		69.79		2.92
PREVENTIVE CARE	0	0		.0	0	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.0	0	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.0		.00	.000		.00		.00
INPATIENT VISITS	4	46		3,295.4		71.64	.214	۶	323.87		15.33
HOSPITAL VISITS	3	28		1,106.6		39.52	.130		368.89		5.15
CRITICAL CARE	1	18		2,188.8		121.60	.084		188.80		10.18
SNF/ICF/TRANS IP CARE	0	0		.0		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.1		37.15	.005		37.15		.17
EXAMINATIONS	1	1		37.1		37.15	.005		37.15		.17
SERVICES AND MATERIALS	0	0		.0		.00	.000		.00		.00
	2	17		5,527.5		325.15	.079	25	763.77		25.71
INPATIENT HOSPITAL SURGERY	2										
PRINCIPAL SURGEON		16		5,257.9		328.62	.074		529.00		24.46
ASSISTANT SURGEON	1	1		269.5		269.55	.005	2	269.55		1.25
ANESTHESIOLOGIST	0	0		.0		.00	.000		.00		.00
OUTPATIENT SURGERY	5	11		1,890.7		171.88	.051		378.15		8.79
PRINCIPAL SURGEON	4	5		1,768.7		353.74	.023	4	142.18		8.23
ASSISTANT SURGEON	0	0		.0		.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		122.0		20.34	.028	1	122.03		.57
DIALYSIS	0	0		.0		.00	.000		.00		.00
PATHOLOGY	3	5		21.3	3	4.27	.023		7.11		.10
RADIOLOGY	5	9		1,302.4	3	144.71	.042	2	260.49		6.06
PSYCHIATRY	0	0		.0	0	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.7	4	5.74	.005		5.74		.03
OTHER SERVICES/ALL X-OVERS	8	34		748.4	8	22.01	.158		93.56		3.48
@PHARMACY	109	701	\$	365,401.4	3 \$	521.26	3.260	\$ 33	352.31	\$	1699.54
PRESCRIPTION DRUGS	102	512		364,108.2	7	711.15	2.381	35	569.69		1693.53
SNF/ICF	0	0		.0		.00	.000		.00		.00
OUTPATIENTS	102	512		364,108.2	7	711.15	2.381	3.5	569.69		1693.53
MEDICAL SUPPLIES	10	189		1,293.1		6.84	.879		129.32		6.01
@DENTIST	7	23	Ś	799.0		34.74	.107		L14.14	Ś	3.72
VISITS - DIAGNOSTIC	6	19	- T	184.0	-	9.68	.088	T -	30.67	7	.86
ORAL SURGERY	0	0		.0		.00	.000		.00		.00
DRUGS	0	0		.0		.00	.000		.00		.00
ANESTHESIA	1	1		100.0		100.00	.005	1	100.00		.47
PERIODONTICS	0	0		.0		.00	.000	-	.00		.00
ENDODONTICS	0	0		.0		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.0		.00	.000		.00		.00
PROSTHETICS	0	0		.0		.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		515.0		257.50	.009	,	257.50		2.40
SPACE MAINTAINERS	0	0		.0		.00	.009	2	.00		.00
	0	0							.00		
MAXILLOFACIAL SERVICES	0	0		.0		.00	.000				.00
FRACTURES, DISLOCATIONS	<u> </u>	0		.0		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	-		.0		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.0		.00	.005	DEC 63	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES I	MONTH-OF-PAYMENT	REPOF	KT FOR JAN	2002 THRU	DEC 20	102	PA	GE 7,762
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	41 MEI	DICAL	LY NEEDY - DISAB	LED						
							N	10NTHL	/ AVERA	.GE -	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

47.45

47.45

323.36 \$ 19.02 .079 \$ 64.67 \$ 1.50

PER UNIT/DAY PER ELIG USER ELIGIBLE

.005 47.45

.22

215 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

5

UNITS OF SERVICE

17 \$

1

OR DAYS OF CARE

EYE APPLIANCES	5	14		213.46		15.25		65		42.69		.99
OTHER OPTOMETRIC SERVICES	1	2		62.45		31.23	.0	09		62.45		.29
@CHIROPRACTOR	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
VISITS	0	0		.00		.00	.0	00		.00		.00
OTHER SERVICES	0	0		.00		.00	. 0	00		.00		.00
@PODIATRIST	0	0	Ś	.00	\$.00		00	\$.00	Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	Τ.	.00		00	Τ.	.00	т	.00
SURGERY/ANES.	0	0		.00		.00		00		.00		.00
	0	0										
RADIO./PATHOLOGY	-			.00		.00		00		.00		.00
OTHER	0	0		.00		.00		00		.00		.00
@HOME HEALTH AGENCY	10	34	\$	2,542.52	\$	74.78		58	\$		\$	11.83
NURSE ANESTHESIST	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
@TOTAL HOSPITAL	28	190	Ś	70,541.51	Ś	371.27	. 8	84	\$	2519.34		328.10
HOSP INPATIENT TOTAL	7	74	т	67,403.70	-	910.86		44	т.	9629.10	т.	313.51
HSC HOSPITALS	3	15		16,199.00		1079.93		70		5399.67		75.34
NON-HSC HOSPITAL TOTAL	2	53		49,580.70		935.48		47		24790.35		230.61
	2			•								
ACCOMMODATIONS		53		46,002.45		867.97		47		23001.23		213.96
ADMINISTRATIVE DAYS	0	0		.00		.00		00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		00		.00		.00
ALL OTHER ACCOM	2	53		46,002.45		867.97	. 2	47		23001.23		213.96
ANCILLARIES	2 2	0		3,578.25		.00	.0	00		1789.13		16.64
INPATIENT CROSSOVERS	2	6		1,624.00		270.67	.0	28		812.00		7.55
ALL OTHER INPATIENT	0	0		.00		.00	. 0	00		.00		.00
HOSP OUTPATIENT TOTAL	22	116		3,137.81		27.05	5	40		142.63		14.59
MEDICAL	- 6	9		241.04		26.78		42		40.17		1.12
SURGERY	1	1		.00		.00		05		.00		.00
	11											
PATHOLOGY		38		511.60		13.46		77		46.51		2.38
RADIOLOGY	7	14		1,540.58		110.04		65		220.08		7.17
ROOM USE	12	14		407.60		29.11		65		33.97		1.90
CROSSOVERS/ALL OTH OUTPTNT	13	40		436.99		10.92	.1	86		33.61		2.03
@COUNTY HOSPITAL TOTAL	2	17	\$	10,052.09	\$	591.30	.0	79	\$	5026.05	\$	46.75
CO HOSPITAL INPATIENT TOTAL	1	8		9,560.00		1195.00	.0	37		9560.00		44.47
HSC HOSPITALS	1	8		9,560.00		1195.00	.0	37		9560.00		44.47
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	. 0	00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		00		.00		.00
ADMINISTRATIVE DAYS	0	Ő		.00		.00		00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		00		.00		.00
	0	0		.00		.00		00		.00		.00
ALL OTHER ACCOM		0										
ANCILLARIES	0			.00		.00		00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		00		.00		.00
CO HOSP OUTPATIENT TOTAL	1	9		492.09		54.68	.0	42		492.09		2.29
MEDICAL	0	0		.00		.00	.0	00		.00		.00
SURGERY	0	0		.00		.00	.0	00		.00		.00
PATHOLOGY	1	1		4.72		4.72	.0	05		4.72		.02
RADIOLOGY	1	4		415.94		103.99		19		415.94		1.93
ROOM USE	1	1		34.50		34.50		05		34.50		.16
CROSSOVERS/ALL OTH OUTPTNT	1	3		36.93		12.31		14		36.93		.17
	MEDI-CAL SERVICES .		rc n		רטסים				חפר		D.	AGE 7,763
			ا دن	MONITE OF PAIMENT R.	шгUК	T LOK OAN	2002 I'H	1/0	רבר	, 2002	P	
MOP024	FEE-FOR-SERVICE/DE		~ 7 7 7		_							01/17/03

----- MONTHLY AVERAGE -----215 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

MONO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

		OR DAYS OF CARE	7.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	173	\$	60,489.42	\$	349.65			2160.34		281.35
COMM HOSP INPATIENT TOTAL	6	66	·	57,843.70	·	876.42	.307	·	9640.62	Ċ	269.04
HSC HOSPITALS	2	7		6,639.00		948.43	.033		3319.50		30.88
NON-HSC HOSPITALS TOTAL	2	53		49,580.70		935.48	.247		24790.35		230.61
ACCOMMODATIONS	2	53		46,002.45		867.97	.247		23001.23		213.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	53		46,002.45		867.97	.247		23001.23		213.96
ANCILLARIES	2	0		3,578.25		.00	.000		1789.13		16.64
INPATIENT CROSSOVERS	2	6		1,624.00		270.67	.028		812.00		7.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22	107		2,645.72		24.73	.498		120.26		12.31
MEDICAL	6	9		241.04		26.78	.042		40.17		1.12
SURGERY	1	1		.00		.00	.005		.00		.00
PATHOLOGY	10	37		506.88		13.70	.172		50.69		2.36
RADIOLOGY	7	10		1,124.64		112.46	.047		160.66		5.23
ROOM USE	11	13		373.10		28.70	.060		33.92		1.74
CROSSOVERS/ALL OTH OUTPINT	13	37		400.06		10.81	.172		30.77		1.86
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	36	\$	5 , 774 . 58	\$	160.41	.167	\$	2887.29	\$	26.86
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	36	_	5,774.58	_	160.41	.167	_	2887.29	_	26.86
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0 1	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@HEMODIALYSIS TOTAL HOSPITAL BASED	0	0	\$	332.20 .00	\$	332.20 .00	.005	\$	332.20	Þ	1.55 .00
	1	1		332.20		332.20	.005		332.20		1.55
HEMODIALYSIS CENTER	1	0	\$.00	\$.00	.003	\$.00	ċ	.00
@REHABILITATION FACILITY HOSPITAL BASED	0	0	Ş	.00	ş	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	18.09	\$	18.09		\$	18.09	Ś	.08
PATHOLOGY	1	1	Y	18.09	Y	18.09	.005	٧	18.09	٧	.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	63	121	\$	13,325.92	\$	110.13	.563	Ś	211.52	Ś	61.98
CLINIC	2	3	-	82.66	4	27.55	.014	7	41.33	7	.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	61	118		13,243.26					217.10		61.60
				ONTH-OF-PAYMENT R						Р	AGE 7,764
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 41 MED	CALI	Y NEEDY - DISABLE	D						
							M	ONT	HLY AVERA	.GE	
215 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	E		PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	54	979	\$	30,793.45	\$				570.25	\$	
DURABLE MED. EQUIP.	8	58		13,389.75		230.86			1673.72		62.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	622	10,185.28	16.38	2.893	1697.55	47.37
AMBULANCES/AIR TRANS	5	615	7,686.20	12.50		1537.24	35.75
OTHER TRANS	1	5	24.08	4.82	.023	24.08	.11
OTHER SERVICES	2	2	2,475.00	1237.50	.009	1237.50	11.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	86.08	10.76	.037	21.52	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	1,447.71	206.82	.033	1447.71	6.73
PROSTHETICS	1	7	1,447.71	206.82	.033	1447.71	6.73
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	13	634.37	48.80	.060	211.46	2.95
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	226	2,188.55	9.68	1.051	156.33	10.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	45	2,861.71	63.59		143.09	13.31
@CALIF. CHILDREN SERVICES*	8	74	\$.,	\$ 222.73			\$ 76.66
@XOVER EXCLUDING STATE HOSP**	12	44	\$ 2,448.48	\$ 55.65	.205	\$ 204.04	\$ 11.39

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024

MONO COUNTY	SUMMARY OF SER	VICES FOR 42 MEDICAL	LY NEEDY - FAMILIES	5	1/017		~=
E 024 ELICIPIES	USERS	INTEC OF CEDVICE	EXPENDIBLE	ATTEDACE COCH	MON		
5,924 ELIGIBLES	USEKS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		USER	COST PER
@TOTAL, ALL PROVIDERS	2,393	OR DAYS OF CARE 8,956 \$	860,090.77	PER UNIT/DAY \$ 96.04	1.512 \$		ELIGIBLE \$ 145.19
@PHYSICIANS SERVICES	2,393 464 308 154 0	1,176 \$	47,002.75	\$ 96.04	.199 \$		
OURDANTENE VICES	200						
OUTPATIENT VISITS	308	475	17,575.64	37.00	.080	57.06	2.97
OFFICE VISITS	154	197	6,994.43	35.50	.033	45.42	1.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
		155	6,843.09	44.15	.026	49.59	1.16
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	22	112	3,461.02	30.90	.019	157.32	.58
OTHER OUTPATIENT	10	10	242.41	24.24	.002	24.24	.04
INPATIENT VISITS	15	26	1,999.40	76.90	.004	133.29	.34
HOSPITAL VISITS	14	18	1,006.45	55.91	.003	71.89	.17
CRITICAL CARE	1	8	992.95	124.12	.001	992.95	.17
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	84.79	42.40	.000	42.40	.01
EXAMINATIONS	2	2	84.79	42.40	.000	42.40	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	232	9,419.03	40.60	.039	285.43	1.59
PRINCIPAL SURGEON	10	11	5,017.54	456.14	.002	501.75	.85
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	23	220	4,294.27	19.52	.037	186.71	.72
OUTPATIENT SURGERY	61	134	8,917.64	66.55	.023	146.19	1.51
PRINCIPAL SURGEON	49	65	7,154.81	110.07	.011	146.02	1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	69	1,762.83	25.55	.012	103.70	.30
DIALYSIS	0	0			.000		.00
	48	· · · · · · · · · · · · · · · · · · ·	.00	.00		.00	
PATHOLOGY	48 81	80 128	1,108.47	13.86	.014	23.09	.19
RADIOLOGY	0 81	128	4,235.86	33.09	.022	52.29	.72
PSYCHIATRY			.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	22	658.20	29.92	.004	43.88	.11
OTHER SERVICES/ALL X-OVERS	43	77	3,003.72	39.01	.013	69.85	.51
@PHARMACY	845	1,538 \$	56 , 920.78	\$ 37.01	.260 \$		
PRESCRIPTION DRUGS	843	1,472	56,440.66	38.34	.248	66.95	9.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	843	1,472	56,440.66	38.34	.248	66.95	9.53
MEDICAL SUPPLIES	14	66	480.12	7.27	.011	34.29	.08
@DENTIST	33	172 \$	6,468.30		.029 \$		
VISITS - DIAGNOSTIC	23	93	1,630.00	17.53	.016	70.87	.28
ORAL SURGERY	6	18	2,013.00	111.83	.003	335.50	.34
DRUGS	1	2	30.00	15.00	.000	30.00	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	35.00	17.50	.000	17.50	.01
RESTORATIVE DENTISTRY	15	51	2,331.00	45.71	.009	155.40	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.02
FRACTURES, DISLOCATIONS	<u> </u>	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3	117.22	39.07	.001	117.22	.02
ALL OTHER SERVICES	U T	0	.00	.00	.000	.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI_CAI CEDIII	U CES AND EXPENDITURES :					PAGE 7,766
MODO24	MEDI-CAL SERVIO		MONTH-OF-EATMENT RE	TEOMI FOR JAN 2	LUUZ INKU DE	C 2002	01/17/00

FEE-FOR-SERVICE/DENTAL

01/17/03

MONO COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDI	CALLY	Y NEEDY - FAMILIES	3		3.47	\ N T IT	1111 X 7 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1	C E	
5,924 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	71.7.7	ERAGE COST	MO			.GĽ	COST PER
J, 924 ELIGIBLES	OSERS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		3	USER		ELIGIBLE
@OPTOMETRIST	43	115	\$	2,809.22	\$	24.43	.019	Ċ	65.33	Ċ	.47
DIAGNOSTIC AND ANC. PROCED	32	32	Ą	1,464.24	۲	45.76	.005	٧	45.76	۲	.25
EYE APPLIANCES	33	82		1,310.68		15.98	.014		39.72		.22
OTHER OPTOMETRIC SERVICES	1	1		34.30		34.30	.000		34.30		.01
	3	6	\$	100.32	\$	16.72	.000	ċ	33.44	ċ	.01
@CHIROPRACTOR VISITS	3	6	Ą	100.32	Ą	16.72	.001	Ą	33.44	ې	.02
	0	0		.00		.00	.000		.00		.02
OTHER SERVICES	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@PODIATRIST	0	0	Ą	.00	Ą	.00	.000	Ş	.00	ې	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY OTHER	0	0		.00		.00	.000		.00		.00
	0		Ċ		~			ċ		~	
@HOME HEALTH AGENCY	0	0	\$		\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$ \$		\$.00		.00
NURSE MIDWIFE	•	0		.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	520		۶ \$		\$.00 239.22		\$		\$.00
@TOTAL HOSPITAL		1,904	Ą		Ş		.321	Ş	875.93	Þ	76.89
HOSP INPATIENT TOTAL	63 6	212		402,300.30		1897.64	.036		6385.72		67.91
HSC HOSPITALS		20		23,525.00		1176.25	.003		3920.83		3.97
NON-HSC HOSPITAL TOTAL	57	192		378,775.30		1972.79	.032		6645.18		63.94
ACCOMMODATIONS	57	192		120,413.54		627.15	.032		2112.52		20.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	57	192		120,413.54		627.15	.032		2112.52		20.33
ANCILLARIES	57	0		258,361.76		.00	.000		4532.66		43.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	472	1,692		53,182.43		31.43	.286		112.67		8.98
MEDICAL	119	164		6,945.90		42.35	.028		58.37		1.17
SURGERY	44	57		3,603.39		63.22	.010		81.90		.61
PATHOLOGY	200	628		7,289.85		11.61	.106		36.45		1.23
RADIOLOGY	155	194		14,527.64		74.88	.033		93.73		2.45
ROOM USE	234	305		14,390.10		47.18	.051		61.50		2.43
CROSSOVERS/ALL OTH OUTPTNT	171 6	344	Ċ	6,425.55	<u>_</u>	18.68	.058	ċ	37.58	<u>_</u>	1.08
@COUNTY HOSPITAL TOTAL		26	\$		Ş	519.18			2249.80	Þ	2.28
CO HOSPITAL INPATIENT TOTAL	1 1	11		13,145.00		1195.00	.002		13145.00 13145.00		2.22
HSC HOSPITALS	0	11		13,145.00		1195.00	.002				2.22
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	O .	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	ŭ	ŭ		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	15		353.77		23.58	.003		70.75		.06
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		27.61		9.20	.001		13.81		.00
RADIOLOGY	1	1		88.16		88.16	.000		88.16		.01
ROOM USE	2	3		113.84		37.95	.001		56.92		.02

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY

MONO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES
------ MONTHLY AVERAGE ------| MONO COUNTY | SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES | STATE 5,924 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,768 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

					MON	THLY AVERA	GE	
5,924 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	225	1,716	\$ 29,229.92	\$ 17.03	.290 \$	129.91	\$ 4.93	
DURABLE MED. EQUIP.	14	41	2,518.70	61.43	.007	179.91	.43	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	21	1,004	8,735.60	8.70	.169	415.98	1.47	
AMBULANCES/AIR TRANS	21	1,003	6,935.60	6.91	.169	330.27	1.17	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.30	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	25	25	1,771.00	70.84	.004	70.84	.30	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	39	80	693.30	8.67	.014	17.78	.12	
PHYSICAL THERAPIST	22	167	2,525.04	15.12	.028	114.77	.43	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	26	5,052.61	194.33	.004	631.58	.85	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	65	317	4,010.85	12.65	.054	61.71	.68	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	38	56	3,922.82	70.05	.009	103.23	.66	
@CALIF. CHILDREN SERVICES*	18	96	\$ 5,662.85	\$ 58.99	.016 \$	314.60	\$.96	
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 36.75	\$ 12.25	.001 \$	36.75	\$.01	
0* TOTALS IN THESE LINES ARE (THE AMOUNTS ARE ALREADY IN(** THESE DATA ARE INCLUDED IN	CLUDED IN THE AP	PROPRIATE DETAIL L	INES ABOVE.					
#CALIF DEPT OF HEALTH SERV			ve. S MONTH-OF-PAYMENT RI	EDODU EOD TAM (מת זומטה 2000	C 2002	DACE 7 76	۵
MOP024	FEE-FOR-SERVICE		O MONIT-OF-FAIMENT K	LEONI FOR UAN 2	LUUZ INKU DE	C 2002	PAGE 7,76	
MOPO24 MONO COUNTY		ICES FOR 43 MEDICA	ALLY NEEDY				01/1//0.	J
PIOINO COOINI I	DOLUMNI OF SEVA	TODO FOR 40 MEDICA	чин иррот		MON	TUTV 717FD7	~⊏	

----- MONTHLY AVERAGE -----6,369 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 542.80 \$ @TOTAL, ALL PROVIDERS 2,771 13,001 \$ 1,504,089.04 115.69 2.041 \$ 236.16 \$ @PHYSICIANS SERVICES 506 1,340 61,201.94 45.67 .210 \$ 120.95 \$ 9.61 OUTPATIENT VISITS 322 495 18,401.53 37.17 .078 57.15 2.89 161 204 35.26 .032 44.67 OFFICE VISITS 7,192.17 1.13 HOME VISITS 0 .000 .00 0 .00 .00 .00 147 168 EMERGENCY ROOM 7,471.24 44.47 .026 50.82 1.17 PREVENTIVE CARE 1 1 34.69 34.69 .000 34.69 .01 30.90 157.32 OB VISITS/COMPRE PERI 112 3,461.02 .018 .54 OTHER OUTPATIENT 10 10 242.41 24.24 .002 24.24 .04 19 72 5,294.86 73.54 278.68 .83 INPATIENT VISITS .011 17 46 45.94 .007 124.30 .33 HOSPITAL VISITS 2,113.11 122.38 1590.88 CRITICAL CARE 2 26 3,181.75 .004 .50 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 3 121.94 40.65 .000 40.65 .02

EXAMINATIONS	3	3	121.94	40.65	.000	40.65	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	249	14,946.57	60.03	.039	427.04	2.35
PRINCIPAL SURGEON	12	27	10,275.53	380.58	.004	856.29	1.61
ASSISTANT SURGEON	2	2	376.77	188.39	.000	188.39	.06
ANESTHESIOLOGIST	23	220	4,294.27	19.52	.035	186.71	.67
OUTPATIENT SURGERY	66	145	10,808.37	74.54	.023	163.76	1.70
PRINCIPAL SURGEON	53	70	8,923.51	127.48	.011	168.37	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	75	1,884.86	25.13	.012	104.71	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	51	85	1,129.80	13.29	.013	22.15	.18
RADIOLOGY	87	136	5 , 559.89	40.88	.021	63.91	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	23	663.94	28.87	.004	41.50	.10
OTHER SERVICES/ALL X-OVERS	63	132	4,275.04	32.39	.021	67.86	.67
@PHARMACY	1,072	2,732	\$ 446,023.19	\$ 163.26	.429	\$ 416.07	\$ 70.03
PRESCRIPTION DRUGS	1,060	2,460	443,535.98	180.30	.386	418.43	69.64
SNF/ICF	27	210	7,774.53	37.02	.033	287.95	1.22
OUTPATIENTS	1,033	2 , 250	435,761.45	193.67	.353	421.84	68.42
MEDICAL SUPPLIES	30	272	2,487.21	9.14	.043	82.91	.39
@DENTIST	43	206	\$,	\$ 38.80	.032		\$ 1.25
VISITS - DIAGNOSTIC	30	114	1,859.00	16.31	.018	61.97	.29
ORAL SURGERY	7	25	2,563.00	102.52	.004	366.14	.40
DRUGS	1	2	30.00	15.00	.000	30.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	35.00	17.50	.000	17.50	.01
RESTORATIVE DENTISTRY	16	53	2,461.00	46.43	.008	153.81	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	515.00	257.50	.000	257.50	.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3	117.22	39.07	.000	117.22	.02
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 7,770
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICAL	LLY NEEDY				

MONO COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALLY	Y NEEDY					~-	
6 262			_		 	MC			.GE	
6,369 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST					COST PER
0.0000000000000000000000000000000000000	FO	OR DAYS OF CAR		2 020 00	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	50	138	\$	3,238.80	\$ 23.47	.022	Ş	64.78	Ş	.51
DIAGNOSTIC AND ANC. PROCED	33	33		1,511.69	45.81	.005		45.81		.24
EYE APPLIANCES	40	102		1,630.36	15.98	.016		40.76		.26
OTHER OPTOMETRIC SERVICES	2	3		96.75	32.25	.000		48.38		.02
@CHIROPRACTOR	3	6	\$	100.32	\$ 16.72	.001	Ş	33.44	Ş	.02
VISITS	3	6		100.32	16.72	.001		33.44		.02
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST_	0	0	\$.00	\$.00	.000	Ş		\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	10	34	\$	2,542.52	\$ 74.78		\$	254.25	\$.40
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	570	2,170	\$	531,365.11	\$ 244.87	.341	\$	932.22	\$	83.43
HOSP INPATIENT TOTAL	74	295		472,392.58	1601.33	.046		6383.68		74.17
HSC HOSPITALS	9	35		39,724.00	1134.97	.005		4413.78		6.24
NON-HSC HOSPITAL TOTAL	59	245		428,356.00	1748.39	.038		7260.27		67.26
ACCOMMODATIONS	59	245		166,415.99	679.25	.038		2820.61		26.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	59	245		166,415.99	679.25	.038		2820.61		26.13
ANCILLARIES	59	0		261,940.01	.00	.000		4439.66		41.13
INPATIENT CROSSOVERS	6	15		4,312.58	287.51	.002		718.76		.68
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	512	1,875		58,972.53	31.45	.294		115.18		9.26
MEDICAL	126	174		7,251.60	41.68	.027		57.55		1.14
SURGERY	45	58		3,603.39	62.13	.009		80.08		.57
PATHOLOGY	212	667		7,803.95	11.70	.105		36.81		1.23
RADIOLOGY	163	209		16,131.21	77.18	.033		98.96		2.53
ROOM USE	248	321		14,886.04	46.37	.050		60.02		2.34
CROSSOVERS/ALL OTH OUTPINT	199	446		9,296.34	20.84	.070		46.72		1.46
@COUNTY HOSPITAL TOTAL	8	43	\$	23,550.86	\$ 547.69	.007	\$	2943.86	\$	3.70
CO HOSPITAL INPATIENT TOTAL	2	19		22,705.00	1195.00	.003		11352.50		3.56
HSC HOSPITALS	2	19		22,705.00	1195.00	.003		11352.50		3.56
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	6	24	845.86	35.24	.004	140.98	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	32.33	8.08	.001	10.78	.01
RADIOLOGY	2	5	504.10	100.82	.001	252.05	.08
ROOM USE	3	4	148.34	37.09	.001	49.45	.02
CROSSOVERS/ALL OTH OUTPTNT	3	11	161.09	14.64	.002	53.70	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,771
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONO COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA	LLY NEEDY				
					MONTH	עכובוגע אינוו	CE

MONO COUNTY	SUMMARY OF SER	VICES FOR 43 MED	DICALLY	NEEDY					
							NTHLY AVERA	AGE	
6,369 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	564	2,127	\$	507,814.25	\$ 238.75	.334		\$	79.73
COMM HOSP INPATIENT TOTAL	72	276		449,687.58	1629.30	.043	6245.66		70.61
HSC HOSPITALS	7	16		17,019.00	1063.69	.003	2431.29		2.67
NON-HSC HOSPITALS TOTAL	59	245		428,356.00	1748.39	.038	7260.27		67.26
ACCOMMODATIONS	59	245		166,415.99	679.25	.038	2820.61		26.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	59	245		166,415.99	679.25	.038	2820.61		26.13
ANCILLARIES	59	0		261,940.01	.00	.000	4439.66		41.13
INPATIENT CROSSOVERS	6	15		4,312.58	287.51	.002	718.76		.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	507	1,851		58 , 126.67	31.40	.291	114.65		9.13
MEDICAL	126	174		7,251.60	41.68	.027	57.55		1.14
SURGERY	45	58		3 , 603.39	62.13	.009	80.08		.57
PATHOLOGY	209	663		7,771.62	11.72	.104	37.18		1.22
RADIOLOGY	162	204		15,627.11	76.60	.032	96.46		2.45
ROOM USE	245	317		14,737.70	46.49	.050	60.15		2.31
CROSSOVERS/ALL OTH OUTPTNT	197	435		9,135.25	21.00	.068	46.37		1.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	27	887	\$	101,637.99	\$ 114.59	.139	\$ 3764.37	\$	15.96
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	27	887		101,637.99	114.59	.139	3764.37		15.96
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	332.20	\$ 332.20	.000	\$ 332.20	\$.05
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	1	1		332.20	332.20	.000	332.20		.05
@REHABILITATION FACILITY	1	3	\$	95.44	\$ 31.81	.000	\$ 95.44	\$.01
HOSPITAL BASED	1	3		95.44	31.81	.000	95.44		.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	161	327	\$	5,827.18	\$ 17.82	.051	\$ 36.19	\$.91
PATHOLOGY	161	327		5,827.18	17.82	.051	36.19		.91
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,381	2,229	\$	275,799.39	\$ 123.73	.350		\$	43.30
CLINIC	8	29		464.61	16.02	.005	58.08		.07

MONO COUNTY	SUMMARY OF SER	VICES FOR 43 MEDIC	САЬЬ	Y NEEDY				~=
6 262 =======							NTHLY AVERA	
6,369 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.04	OR DAYS OF CARE	_		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	331	2,928	\$	67,932.66	\$ 23.20	.460		
DURABLE MED. EQUIP.	24	103		16,582.64	161.00	.016	690.94	2.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	1,699		19,090.55	11.24	.267	636.35	3.00
AMBULANCES/AIR TRANS	26	1,618		14,621.80	9.04	.254	562.38	2.30
OTHER TRANS	4	78		193.75	2.48	.012	48.44	.03
OTHER SERVICES	3	3		4,275.00	1425.00	.000	1425.00	.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25		1,771.00	70.84	.004	70.84	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	46	96		920.47	9.59	.015	20.01	.14
PHYSICAL THERAPIST	22	167		2,525.04	15.12	.026	114.77	.40
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7		1,447.71	206.82	.001	1447.71	.23
PROSTHETICS	1	7		1,447.71	206.82	.001	1447.71	.23
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	39		5,686.98	145.82	.006	517.00	.89
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	79	543		6,199.40	11.42	.085	78.47	.97
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	106	249		13,708.87	55.06	.039	129.33	2.15
@CALIF. CHILDREN SERVICES*	26	170	\$		\$ 130.27	.027	\$ 851.74	\$ 3.48
@XOVER EXCLUDING STATE HOSP**	69	234	\$		\$ 56.83	.037		\$ 2.09
00								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,773
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		32.73		32.73		.004		32.73		.14
INPATIENT VISITS	0	0		.00		.00		.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00		.000		.00		.00
CRITICAL CARE	0	0		.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	9		176.67		19.63		.037		176.67		.73
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	1	9		176.67		19.63		.037		176.67		.73
OUTPATIENT SURGERY	6	16		594.82		37.18		.066		99.14		2.46
PRINCIPAL SURGEON	3	3		260.82		86.94		.012		86.94		1.08
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	3	13		334.00		25.69		.054		111.33		1.38
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	2	3		9.65		3.22		.012		4.83		.04
RADIOLOGY	4	4		100.17		25.04		.017		25.04		.41
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		90.17		30.06		.012		30.06		.37
@PHARMACY	29		\$	830.75	\$	18.06		.190	\$	28.65	\$	3.43
PRESCRIPTION DRUGS	29	46		830.75		18.06		.190		28.65		3.43
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	29	46		830.75		18.06		.190		28.65		3.43
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	2	9	\$	582.00	\$	64.67		.037	\$	291.00	\$	2.40
VISITS - DIAGNOSTIC	2	4		43.00		10.75		.017		21.50		.18
ORAL SURGERY	1	4		500.00		125.00		.017		500.00		2.07
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	1	1		39.00		39.00		.004		39.00		.16
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002	THRU	DEC	2002	P	AGE 7,774
MOP024	FEE-FOR-SERVICE/DENTAL	ı										01/17/03

----- MONTHLY AVERAGE -----242 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 7 \$ 133.15 \$ 19.02 .029 \$ 44.38 \$.55 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .004 47.45 .20 EYE APPLIANCES 2 6 85.70 14.28 .025 42.85 .35 .00 0 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 1 16.72 \$ 16.72 .004 \$ 16.72 \$.07 @CHIROPRACTOR 16.72 16.72 16.72 VISITS 1 .004 .07 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

MONO COUNTY

MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 0 0 0 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 1 2 \$ 104.99 \$ 52.50 .008 \$ 104.99 \$.43
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 .000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 43 147 \$ 54,656.30 \$ 371.81 .607 \$ 1271.08 \$	225.85
HOSP INPATIENT TOTAL 4 4 48,386.70 12096.68 .017 12096.68	199.95
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 4 4 48,386.70 12096.68 .017 12096.68	199.95
ACCOMMODATIONS 4 4 3,224.35 806.09 .017 806.09	13.32
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 4 4 3,224.35 806.09 .017 806.09	13.32
ANCILLARIES 4 0 45,162.35 .00 .000 11290.59	186.62
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 39 143 6,269.60 43.84 .591 160.76	25.91
MEDICAL 8 8 146.95 18.37 .033 18.37	.61
SURGERY 5 7 1,753.61 250.52 .029 350.72	7.25
PATHOLOGY 9 31 316.13 10.20 .128 35.13	1.31
RADIOLOGY 16 24 1,864.96 77.71 .099 116.56	7.71
ROOM USE 21 32 1,472.10 46.00 .132 70.10	6.08
CROSSOVERS/ALL OTH OUTPTNT 17 41 715.85 17.46 .169 42.11	2.96
@COUNTY HOSPITAL TOTAL 1 2 \$ 48.74 \$ 24.37 .008 \$ 48.74 \$.20
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	48.74	24.37	.008	48.74	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	15.36	15.36	.004	15.36	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.38	33.38	.004	33.38	.14
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 7,775
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONO COUNTY	SUMMARY OF SERVICES E	OR 44 MIC - NO	SOC 03 04 2A 45 4A 4K	4M 5K 7	Г 82		
					MON	THLY AVERAC	GE

242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS				COST PER
@COMMUNITY HOSPITAL TOTAL	42	OR DAYS OF CARE	\$	54,607.56	PER UNIT/DA \$ 376.60		USER \$ 1300.18		ELIGIBLE 225.65
COMM HOSP INPATIENT TOTAL	4	4	Ÿ	48,386.70	12096.68	.017	12096.68	Ÿ	199.95
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	Δ		48,386.70	12096.68	.017	12096.68		199.95
ACCOMMODATIONS	4	<u>π</u> Δ		3,224.35	806.09	.017	806.09		13.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	4			806.09	.017	806.09		13.32
ANCILLARIES	4	0		45,162.35	.00	.000	11290.59		186.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	38	141		6,220.86	44.12	.583	163.71		25.71
MEDICAL	8	8		146.95	18.37	.033	18.37		.61
SURGERY	5	7		1,753.61	250.52	.029	350.72		7.25
PATHOLOGY	8	30		300.77	10.03	.124	37.60		1.24
RADIOLOGY	16	24		1,864.96	77.71	.099	116.56		7.71
ROOM USE	20	31		1,438.72	46.41	.128	71.94		5.95
CROSSOVERS/ALL OTH OUTPTNT	17	41		715.85	17.46	.169	42.11		2.96
@STATE HOSPITAL	0	0	\$		\$.00	.000		Ś	.00
MENTALLY ILL	0	0	4	.00	.00	.000	.00	,	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.000		\$.00
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	·	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6 \$	153.93	\$	25.66	.025	\$	38.48	\$.64
PATHOLOGY	4	6	153.93		25.66	.025		38.48		.64
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	49	73 \$	9,269.89	\$	126.98	.302	\$	189.18	\$	38.31
CLINIC	1	3	118.95		39.65	.012		118.95		.49
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	48	70	9,150.94		130.73	.289		190.64		37.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU I	DEC :	2002	PAG	E 7 , 776
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 242 ELIGIBLES USERS PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @ALL OTHER PROVIDERS 11 63 \$
 806.17
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 806.17 \$ 12.80 .260 \$ 73.29 \$ 3.33 0 .00 DURABLE MED. EQUIP. Ω .00 .00 .000 .00 Ω BLOOD BANK 0 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS Ω .00 .00 OTHER TRANS OTHER SERVICES .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .14 PHYSICAL THERAPIST 52 2.97 0 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS ORTHOTICS PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES .22 EPSDT SUPPLEMENTAL SERVICE .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING 0 .00 ALL OTHER PROVIDERS 0 ALL OTHER PROVIDERS 0 0

@CALIF. CHILDREN SERVICES* 3 27 \$

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 1.45 .000 \$.00 \$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,777 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

					MONTHLY AVERAGE					
24 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	49	208	\$	35,327.06	\$ 169.84	8.667 \$	720.96	\$ 1471.96		
@PHYSICIANS SERVICES	12	56	\$	3,225.71	\$ 57.60	2.333 \$	268.81	\$ 134.40		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	9	10		458.02		45.80	.417		50.89		19.08
OFFICE VISITS	3	3		95.50		31.83	.125		31.83		3.98
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	7		362.52		51.79	.292		60.42		15.11
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	32		1,804.57		56.39	1.333		902.29		75.19
PRINCIPAL SURGEON	1	1		1,180.56		1180.56	.042		1180.56		49.19
	0	0		•		.00	.000		.00		.00
ASSISTANT SURGEON	0	31		.00 624.01		20.13	1.292		312.01		26.00
ANESTHESIOLOGIST	2	13									
OUTPATIENT SURGERY	3			956.03		73.54	.542		318.68		39.83
PRINCIPAL SURGEON	∠	3		765.35		255.12	.125		382.68		31.89
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ι	10		190.68		19.07	.417		190.68		7.95
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		7.09		7.09	.042		7.09		.30
@PHARMACY	4	9	\$	249.01	\$	27.67	.375	\$	62.25	\$	10.38
PRESCRIPTION DRUGS	3	6		141.61		23.60	.250		47.20		5.90
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	6		141.61		23.60	.250		47.20		5.90
MEDICAL SUPPLIES	2	3		107.40		35.80	.125		53.70		4.48
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MON		REPORT			OEC.		Р	AGE 7,778
MOP024	FEE-FOR-SERVICE		0 1101	01 111111111111111111111111111111					2002	-	01/17/03
MONO COUNTY		ICES FOR 45 MIC	- SOC			AID CO	ODE				01/1//00
110110 0001111	001111111111111111111111111111111111111	1020 1011 10 1110	200			1112 0	MO	ЭМТЕ	HLY AVERA	GE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVF	RAGE COST	UNITS/DAYS				COST PER
	00110	OR DAYS OF CAR		2111 211 21 1 0 1 1 0 0			PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	OR DATE OF CAR	\$.00	\$.00	.000	Ś	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	~	.00	.000	т	.00	~	.00
ZINGNOOTIO INVO. TIVOCED	V	J		.00		• • • •	• 0 0 0		• 0 0		• • • •

EYE APPLIANCES	0	0		.00	.00	.000			.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000			.00
RADIO./PATHOLOGY	0	0		.00	.00	.000			.00
OTHER	0	0		.00	.00	.000			.00
@HOME HEALTH AGENCY	0	0	¢	.00	.00	.000		\$.00
NURSE ANESTHESIST	0	0	٠ خ	.00	.00	.000		\$.00
NURSE MIDWIFE	0	0	٠ د						
PEDIATRIC NURSE PRACTITIONER	0	0	ې د	.00	.00	.000	•	\$.00
	-	0	ې د	.00	.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	•	ې د	.00	.00	.000		\$.00
@TOTAL HOSPITAL	18	59	\$	29,196.14	494.85	2.458		\$	1216.51
HOSP INPATIENT TOTAL	2	4		28,160.45	7040.11	.167	14080.23		1173.35
HSC HOSPITALS	0	0		.00	.00	.000			.00
NON-HSC HOSPITAL TOTAL	2	4		28,160.45	7040.11	.167			1173.35
ACCOMMODATIONS	2	4		4,446.78	1111.70	.167	2223.39		185.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	4		4,446.78	1111.70	.167	2223.39		185.28
ANCILLARIES	2	0		23,713.67	.00	.000	11856.84		988.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000			.00
HOSP OUTPATIENT TOTAL	18	55		1,035.69	18.83	2.292			43.15
MEDICAL	4	5		36.02	7.20	.208			1.50
SURGERY	2	2		57.05	28.53	.083			2.38
PATHOLOGY	3	6		41.37	6.90	.250			1.72
RADIOLOGY	6	8		327.97	41.00	.333			13.67
ROOM USE	10	11		307.92	27.99	.458			12.83
CROSSOVERS/ALL OTH OUTPTNT	14	23		265.36	11.54	.958			11.06
			Ċ					ċ	.00
@COUNTY HOSPITAL TOTAL	0		\$.00	.00	.000		\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000			.00
HSC HOSPITALS	0	0		.00	.00	.000			.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000			.00
ACCOMMODATIONS	0	0		.00	.00	.000			.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000			.00
ALL OTHER ACCOM	0	0		.00	.00	.000			.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000			.00
ROOM USE	0	0		.00	.00	.000			.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ö		.00	.00	.000			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONT					P	AGE 7,779
MOP024	FEE-FOR-SERVICE/DENTA				 				01/17/03
MONO COUNTY	SUMMARY OF SERVICES F		SOC		AID	CODE			01/1//00
110140 0001411	SOLUMNIC OF SERVICES F	01. 10 1110	500		YID (MONTHLY AVER	CF	

		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	59	\$	29,196.14	\$ 494.85	2.458	\$ 1622.01	\$	1216.51
COMM HOSP INPATIENT TOTAL	2	4		28,160.45	7040.11	.167	14080.23		1173.35
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	4		28,160.45	7040.11	.167	14080.23		1173.35
ACCOMMODATIONS	2	4		4,446.78	1111.70	.167	2223.39		185.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	4		4,446.78	1111.70	.167	2223.39		185.28
ANCILLARIES	2	0		23,713.67	.00	.000	11856.84		988.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	18	55		1,035.69	18.83	2.292	57.54		43.15
MEDICAL	4	5		36.02	7.20	.208	9.01		1.50
SURGERY	2	2		57.05	28.53	.083	28.53		2.38
PATHOLOGY	3	6		41.37	6.90	.250	13.79		1.72
RADIOLOGY	6	8		327.97	41.00	.333	54.66		13.67
ROOM USE	10	11		307.92	27.99	.458	30.79		12.83
CROSSOVERS/ALL OTH OUTPTNT	14	23		265.36	11.54	.958	18.95		11.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1 5	\$	34.56	\$	34.56	.042	\$	34.56	\$	1.44
PATHOLOGY	1	1		34.56		34.56	.042		34.56		1.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	25	\$	2,168.28	\$	86.73	1.042	\$	120.46	\$	90.35
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	25		2,168.28		86.73	1.042		120.46		90.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF	-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PΑ	GE 7,780
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID (CODE				

24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	58 \$	453.36	\$ 7.82	2.417 \$	151.12	\$ 18.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	50	317.33	6.35	2.083	317.33	13.22
AMBULANCES/AIR TRANS	1	50	317.33	6.35	2.083	317.33	13.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	2	8	136.03	17.00	.333	68.02	5.67
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024

					MON'	THLY AVERA	GE
266 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	170	625 \$	104,009.22	\$ 166.41	2.350 \$	611.82	\$ 391.01
@PHYSICIANS SERVICES	43	119 \$	5,353.97	\$ 44.99	.447 \$	124.51	\$ 20.13
OUTPATIENT VISITS	31	38	1,614.80	42.49	.143	52.09	6.07
OFFICE VISITS	10	10	278.60	27.86	.038	27.86	1.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	22	1,016.10	46.19	.083	53.48	3.82
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	5	287.37	57.47	.019	143.69	1.08
OTHER OUTPATIENT	1	1	32.73	32.73	.004	32.73	.12
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	3	41					7.45
INPATIENT HOSPITAL SURGERY		1	1,981.24	48.32	.154	660.41 1180.56	
PRINCIPAL SURGEON	0	0	1,180.56	1180.56	.004		4.44
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	40	800.68	20.02	.150	266.89	3.01
OUTPATIENT SURGERY	9	29	1,550.85	53.48	.109	172.32	5.83
PRINCIPAL SURGEON	5	6	1,026.17	171.03	.023	205.23	3.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	23	524.68	22.81	.086	131.17	1.97
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	9.65	3.22	.011	4.83	.04
RADIOLOGY	4	4	100.17	25.04	.015	25.04	.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	97.26	24.32	.015	24.32	.37
@PHARMACY	33	55 \$	1,079.76	\$ 19.63	.207 \$	32.72	
PRESCRIPTION DRUGS	32	52	972.36	18.70	.195	30.39	3.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	32	52	972.36	18.70	.195	30.39	3.66
MEDICAL SUPPLIES	2	3	107.40	35.80	.011	53.70	.40
@DENTIST	2	9 \$	582.00	\$ 64.67	.034 \$	291.00	\$ 2.19
VISITS - DIAGNOSTIC	2	4	43.00	10.75	.015	21.50	.16
ORAL SURGERY	1	4	500.00	125.00	.015	500.00	1.88
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.004	39.00	.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ö	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MO					PAGE 7,782
MODO24	THE TOP CERVICE		01 1111111111 1(1				01/17/02

FEE-FOR-SERVICE/DENTAL

01/17/03

MONO COUNTY	SUMMARY OF SERV	ICES FOR	46 MEDI	CALLY	INDIGENT CHILDRE	ΔN		MO	יייות	HIV AMERA	CF	
266 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ17	ERAGE COST				.GE	COST PER
200 EDIGIDDES	ODLINO	OR DAYS			EXTENDITORES		R UNIT/DAY		,	USER		ELIGIBLE
@OPTOMETRIST	3	OIC BILLS	7	\$	133.15	\$	19.02	.026	Ś	44.38	Ś	.50
DIAGNOSTIC AND ANC. PROCED	1		i	7	47.45	т.	47.45	.004	т.	47.45	7	.18
EYE APPLIANCES	2		6		85.70		14.28	.023		42.85		.32
OTHER OPTOMETRIC SERVICES	0		Ö		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		ĺ	\$	16.72	\$	16.72	.004	Ś	16.72	Ś	.06
VISITS	1		1	'	16.72		16.72	.004		16.72		.06
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.99	\$	52.50	.008	\$	104.99	\$.39
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61		206	\$	83,852.44	\$	407.05	.774	\$	1374.63	\$	315.23
HOSP INPATIENT TOTAL	6		8		76,547.15		9568.39	.030		12757.86		287.77
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6		8		76,547.15		9568.39	.030		12757.86		287.77
ACCOMMODATIONS	6		8		7,671.13		958.89	.030		1278.52		28.84
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6		8		7,671.13		958.89	.030		1278.52		28.84
ANCILLARIES	6		0		68 , 876.02		.00	.000		11479.34		258.93
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	57		198		7,305.29		36.90	.744		128.16		27.46
MEDICAL	12		13		182.97		14.07	.049		15.25		.69
SURGERY	7		9		1,810.66		201.18	.034		258.67		6.81
PATHOLOGY	12		37		357.50		9.66	.139		29.79		1.34
RADIOLOGY	22		32		2,192.93		68.53	.120		99.68		8.24
ROOM USE	31		43		1,780.02		41.40	.162		57.42		6.69
CROSSOVERS/ALL OTH OUTPTNT	31		64		981.21		15.33	.241		31.65		3.69
@COUNTY HOSPITAL TOTAL	1		2	\$	48.74	\$	24.37	.008	Ş	48.74	Ş	.18
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	· ·		ū		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	1		2		.00 48.74		.00 24.37	.000		.00 48.74		.00 .18
MEDICAL	0		0		.00		.00	.008		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		15.36		15.36	.004		15.36		.06
RADIOLOGY	0		0		.00		.00	.004		.00		.00
ROOM USE	1		1		33.38		33.38	.004		33.38		.13
NOOM OSE	Τ.		Т		JJ.J0		22.30	.004		٠٠.٠٥		• 13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,783 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

MONO COUNTY	SUMMARY OF SERVI	CES FOR 46 MEDICALL	Y INDIGENT CHILDR	EN			~-	
266 BLIGIBLES	HOEDO			317ED 3 CE COCE	MONT		-	
266 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
COMMINITELY HOODIERS ECERT	60	OR DAYS OF CARE	02 002 70	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	60	204 \$	83,803.70	\$ 410.80	.767 \$	1396.73	Ş	315.05
COMM HOSP INPATIENT TOTAL	6	8	76,547.15	9568.39	.030	12757.86		287.77
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	6	8	76,547.15	9568.39	.030	12757.86		287.77
ACCOMMODATIONS	6	8	7,671.13	958.89	.030	1278.52		28.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	8	7,671.13	958.89	.030	1278.52		28.84
ANCILLARIES	6	0	68,876.02	.00	.000	11479.34		258.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	56	196	7,256.55	37.02	.737	129.58		27.28
MEDICAL	12	13	182.97	14.07	.049	15.25		.69
SURGERY	7	9	1,810.66	201.18	.034	258.67		6.81
PATHOLOGY	11	36	342.14	9.50	.135	31.10		1.29
RADIOLOGY	22	32	2,192.93	68.53	.120	99.68		8.24
ROOM USE	30	42	1,746.64	41.59	.158	58.22		6.57
CROSSOVERS/ALL OTH OUTPTNT	31	64	981.21	15.33	.241	31.65		3.69
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
ICF DDH	0	0	.00	.00	.000	.00	۲	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	Y	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0 3	.00	.00	.000	.00	۲	.00
	0	0		.00				
INDEPENDENT FACILITY	5		.00		.000	.00	ċ	.00
@LABORATORY FACILITY	5	7 \$ 7	188.49	\$ 26.93	.026 \$	37.70	\$.71
PATHOLOGY	0		188.49	26.93	.026	37.70		.71
XO AND OTHERS	•	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	67	98 \$	11,438.17	\$ 116.72	.368 \$	170.72	\$	43.00
CLINIC	1	3	118.95	39.65	.011	118.95		.45
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	66	95	11,319.22	119.15	.357	171.50		42.55
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M	IONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	P	AGE 7,784
MOP024	FEE-FOR-SERVICE/							01/17/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR 46 MEDICALL	Y INDIGENT CHILDR	EN				

266 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	121 \$	1,259.53	\$ 10.41	.455 \$	89.97	\$ 4.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	50	317.33	6.35	.188	317.33	1.19
AMBULANCES/AIR TRANS	1	50	317.33	6.35	.188	317.33	1.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	33.81	6.76	.019	16.91	.13
PHYSICAL THERAPIST	8	60	854.43	14.24	.226	106.80	3.21
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	6	53.96	8.99	.023	17.99	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	27 \$	351.64	\$ 13.02	.102 \$	117.21	\$ 1.32

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,785

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE Ω 0 \$.00 \$. 00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS .00 \$ @PHYSICIANS SERVICES Ω Ω .00 \$.00 .000 \$. 00 .000 OUTPATIENT VISITS Ω .00 . 00 . 00 .00 .00 OFFICE VISITS .00 .000 .00 .00 .00 .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .000 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 . 00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 PRINCIPAL SURGEON .00 . 00 . 00 .00 . 00 . 00 .000 . 00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 DIALYSIS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY .00 \$.00 .000 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 Ω .00 . 00 .000 . 00 . 00 OUTPATIENTS .00 .00 .000 .00 . 00 MEDICAL SUPPLIES .00 .00 \$.00 \$.000 \$.00 @DENTIST .00 VISITS - DIAGNOSTIC .00 .000 .00 .00 .000 ORAL SURGERY .00 .00 .00 .00 DRUGS .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIA .000 .00 .00 .00 .00 PERIODONTICS .000 .00 .00 .00 .00 .000 ENDODONTICS .00 .00 .00 .00 .000 .00 RESTORATIVE DENTISTRY PROSTHETICS .00 .00 .000 .00 .00 .000 DENTURES, STAYPLATES .00 .00 .00 .00 SPACE MAINTAINERS .00 .00 .000 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,786
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

MONO COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC				
							MON		ΔGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 7,787
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES 1	FOR 47 MIA - NO	SOC - AID PAID PENDING	AID COD	E		
							-

MONO COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC	DE			01/1//05
							MO	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER U		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC Ω . 00 RURAL HEALTH CLINIC 0 0 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,788 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MON	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,789
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 34 ELIGIBLES USERS 126 \$ 41,193.94 \$ 326.94 3.706 \$ 1328.84 \$ 1211.59 31 @TOTAL, ALL PROVIDERS

 41,193.94
 \$ 326.94
 3.706
 \$ 1328.84
 \$ 1211.39

 848.98
 \$ 49.94
 .500
 \$ 121.28
 \$ 24.97

 257.09
 51.42
 .147
 51.42
 7.56

 37.42
 37.42
 .029
 37.42
 1.10

 .00
 .00
 .000
 .00
 .00

 93.36
 31.12
 .088
 31.12
 2.75

 .00
 .00
 .00
 .00
 .00

 126.31
 126.31
 .029
 126.31
 3.72

 17 \$ 7 @PHYSICIANS SERVICES 5 5 OUTPATIENT VISITS 1 0 3 0 1 OFFICE VISITS 0 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 3 PREVENTIVE CARE OB VISITS/COMPRE PERI

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	53.79	53.79	.029	53.79	1.58
HOSPITAL VISITS	1	1	53.79	53.79	.029	53.79	1.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10	513.60	51.36	.294	256.80	15.11
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	3.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10	386.24	38.62	.294	193.12	11.36
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	24.50	24.50	.029	24.50	.72
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	7	\$ 48.70	\$ 6.96	.206	\$ 12.18	\$ 1.43
PRESCRIPTION DRUGS	4	7	48.70	6.96	.206	12.18	1.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	7	48.70	6.96	.206	12.18	1.43
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	Ö	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2			PAGE 7,790
MOP024	FEE-FOR-SERVICE/DE						01/17/03
MONO COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA -	NO SOC - PREGNANT	AID CO	ODE		
					MON'	THLY AVERA	GE
34 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$		\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	• • •	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	15	58 \$,	\$ 619.64	1.706 \$		\$ 1057.04
HOSP INPATIENT TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
ACCOMMODATIONS	4	20	13,337.80	666.89	.588	3334.45	392.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	20	13,337.80	666.89	.588	3334.45	392.29
ANCILLARIES	4	0	21,525.00	.00	.000	5381.25	633.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	38	1,076.50	28.33	1.118	71.77	31.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	8 1.4	335.22	41.90	.235	111.74	9.86
PATHOLOGY	2		195.97	14.00	.412	39.19	5.76
RADIOLOGY	∠ =	2 7	94.68	47.34	.059	47.34	2.78
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	5 5	7	303.48 147.15	43.35 21.02	.206 .206	60.70 29.43	8.93 4.33
ACOINTY HORDITAL TOTAL	5	/ 0 \$		21.02	.206		

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CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,791
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	S FOR 48 MIA - N	O SOC - PREGNANT	AID CO	DDE		
					MON	THLY AVERAC	GE
34 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	58 \$	35 , 939.30	\$ 619.64	1.706 \$	2395.95	\$ 1057.04
COMM HOSP INPATIENT TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
ACCOMMODATIONS	4	20	13,337.80	666.89	.588	3334.45	392.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ATT OBJED ACCOM	Λ	2.0	12 227 00	666 00	E00	2224 45	202 20

		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	J	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	58	\$ 35,939.30	\$ 619.64	1.706	\$ 2395.95	\$	1057.04
COMM HOSP INPATIENT TOTAL	4	20	34,862.80	1743.14	.588	8715.70		1025.38
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	20	34,862.80	1743.14	.588	8715.70		1025.38
ACCOMMODATIONS	4	20	13,337.80	666.89	.588	3334.45		392.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	20	13,337.80	666.89	.588	3334.45		392.29
ANCILLARIES	4	0	21,525.00	.00	.000	5381.25		633.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	15	38	1,076.50	28.33	1.118	71.77		31.66
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	3	8	335.22	41.90	.235	111.74		9.86
PATHOLOGY	5	14	195.97	14.00	.412	39.19		5.76
RADIOLOGY	2	2	94.68	47.34	.059	47.34		2.78
ROOM USE	5	7	303.48	43.35	.206	60.70		8.93
CROSSOVERS/ALL OTH OUTPTNT	5	7	147.15	21.02	.206	29.43		4.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	4	5	\$ 118.80	\$ 2	3.76	.147	\$ 29.70	\$	3.49
PATHOLOGY	4	5	118.80	2	3.76	.147	29.70		3.49
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	37	\$ 4,078.16	\$ 11	0.22	1.088	\$ 214.64	\$	119.95
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	19	37	4,078.16	11	0.22	1.088	214.64		119.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FO	R JAN 2	2002 THRU D	DEC 2002	P	AGE 7,792
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ							01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 48 MIA -	NO SOC - PREGNANT		AID CO	DE			
						MC	NTHLY AVERA	GE ·	
34 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	COST PER	(COST PER
	OR DA	AYS OF CARE		PER IIN	TT/DAY	PER ELIG	USER	1	ELTGIBLE

						IIILI AVEKAG	
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	160.00	\$ 80.00	.059 \$	80.00	\$ 4.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.059	80.00	4.71
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,793 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							MO	NTHLY AVERA	ΔGE	
34 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	31	126	\$	41,193.94	\$	326.94	3.706	\$ 1328.84	\$	1211.59
@PHYSICIANS SERVICES	7	17	\$	848.98	\$	49.94	.500	\$ 121.28	\$	24.97

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	5	5		257.09		51.42	.147		51.42		7.56
OFFICE VISITS	1	1		37.42		37.42	.029		37.42		1.10
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3	3		93.36		31.12	.088		31.12		2.75
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		126.31		126.31	.029		126.31		3.72
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		53.79		53.79	.029		53.79		1.58
HOSPITAL VISITS	1	1		53.79		53.79	.029		53.79		1.58
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	10		513.60		51.36	.294		256.80		15.11
PRINCIPAL SURGEON	0	0		127.36		.00	.000		.00		3.75
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	10		386.24		38.62	.294		193.12		11.36
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.50		24.50	.029		24.50		.72
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@ PHARMACY	4	7	\$	48.70	\$	6.96	.206	\$	12.18	\$	1.43
PRESCRIPTION DRUGS	4	7		48.70		6.96	.206		12.18		1.43
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4	7		48.70		6.96	.206		12.18		1.43
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002		7,794
MOP024	FEE-FOR-SERVICE/DENTA	L								0	01/17/03
MONO COUNTY	SUMMARY OF SERVICES E	OR 49 ALL	MIA - N	O SOC							
							N	TNON	HLY AVERA	.GE	
0.4 ========			_				/	- ~	~~~ ~ ~ ~ ~		

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

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PER UNIT/DAY PER ELIG USER ELIGIBLE
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.00

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.000

34 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

0

UNITS OF SERVICE

0 \$

0

OR DAYS OF CARE

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	58	\$ 35,939.30	\$ 619.64	1.706	\$ 2395.95	\$ 1057.04
HOSP INPATIENT TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	20	34,862.80	1743.14	.588	8715.70	1025.38
ACCOMMODATIONS	4	20	13,337.80	666.89	.588	3334.45	392.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	20	13,337.80	666.89	.588	3334.45	392.29
ANCILLARIES	4	0	21,525.00	.00	.000	5381.25	633.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	38	1,076.50	28.33	1.118	71.77	31.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	8	335.22	41.90	.235	111.74	9.86
PATHOLOGY	5	14	195.97	14.00	.412	39.19	5.76
RADIOLOGY	2	2	94.68	47.34	.059	47.34	2.78
ROOM USE	5	7	303.48	43.35	.206	60.70	8.93

CROSSOVERS/ALL OTH OUTPTNT	5	7		147.15		21.02	.206	29.43	4.33
@COUNTY HOSPITAL TOTAL	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-P	AYMENT RI	EPORT F	OR JAN 2	2002 THRU I	DEC 2002	PAGE 7,795
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	49 ALL MI	IA - NO SOC						

MONO COONTI	SOMMANT OF SER	VICES FOR 43 MILL	ITA	NO SOC					
						MOI	NTHLY AVERA	ΔŒ	
34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	58	\$	35,939.30	\$ 619.64	1.706	\$ 2395.95	\$	1057.04
COMM HOSP INPATIENT TOTAL	4	20		34,862.80	1743.14	.588	8715.70		1025.38
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	20		34,862.80	1743.14	.588	8715.70		1025.38
ACCOMMODATIONS	4	20		13,337.80	666.89	.588	3334.45		392.29
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	20		13,337.80	666.89	.588	3334.45		392.29
ANCILLARIES	4	0		21,525.00	.00	.000	5381.25		633.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	15	38		1,076.50	28.33	1.118	71.77		31.66
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	3	8		335.22	41.90	.235	111.74		9.86
PATHOLOGY	5	14		195.97	14.00	.412	39.19		5.76
RADIOLOGY	2	2		94.68	47.34	.059	47.34		2.78
ROOM USE	5	7		303.48	43.35	.206	60.70		8.93
CROSSOVERS/ALL OTH OUTPTNT	5	7		147.15	21.02	.206	29.43		4.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	118.80	\$	23.76	.147	\$	29.70	\$	3.49
PATHOLOGY	4	5		118.80		23.76	.147		29.70		3.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	37	\$	4,078.16	\$	110.22	1.088	\$	214.64	\$	119.95
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	37		4,078.16		110.22	1.088		214.64		119.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	ES MONTH-C	OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,796
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	R 49 AT.T. N	ATA - NO S	SOC							

						ITLI AVERAGE	
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	160.00	\$ 80.00	.059 \$	80.00 \$	4.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.059	80.00	4.71
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

MONO COUNTY	SUMMARY OF SER	VICES FOR 50 MIA - SOC	- LTC	AID CO	DDE		
					MON	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	U	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES/ALL X-OVERS	0	-	.00	.00	.000	.00	.00
@PHARMACY		0 \$ 0	.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	v	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ô	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	ŭ	U CES AND EXPENDITURES MOD					PAGE 7,798
MODO24	MEDI-CAL SERVI		viii of eminent K.	DIOMI FOR OWN 2	LUUZ INKU DE	C 2002	01/17/02

MONO COUNTY	SUMMARY OF SERV	ICES FOR	50 MIA	- SOC -	- LTC		AID CC		0.1T		~=	
00 ======							_ ~~~	Mo			GE.	
00 ELIGIBLES	USERS		SERVICE		EXPENDITURES			UNITS/DAY:				COST PER
_	_	OR DAYS	OF CARE				IT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ō		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	·	.00	•	.00	.000		.00	•	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
10011 0011	O		U		• 00		• 0 0	.000		• • • •		• 0 0

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,799

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

1101 02 1	122 1	JIC DEICVIOE, 1	20111111			
MONO COU	NTY SUMMAI	RY OF SERVI	CES FOR 50	MIA - SOC -	LTC	AID CODE

					MON'	THLY AVERA	.GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

THE D SUDDANIES HADEL DAGED	0	0		0.0	0.0	000	0.0		0.0
LEV B-SUBACUTE HSPTL BASED	U	U		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-	PAYMENT REPOR	T FOR JAN 200	2 THRU I	DEC 2002	PAGE	7,800
MOP024	FEE-FOR-SERVICE/DENTAL							01	/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	50 MIA -	- SOC - LTC		AID CODE				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 . 00 .000 . 00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .000 PSYCHOLOGIST .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$. 00 .000 \$.00 \$. 00

01/17/03

.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,801 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT MONO COUNTY AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE Ω 0 \$.00 \$. 00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES Ω Ω .00 \$.00 .000 \$.00 \$. 00 .00 OUTPATIENT VISITS 0 .00 .000 .00 .00 .00 OFFICE VISITS .000 .00 .00 .00 .00 .00 .000 .00 HOME VISITS .00 .00 EMERGENCY ROOM .000 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .000 .00 OTHER OUTPATIENT .000 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .00 CRITICAL CARE .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .000 PRINCIPAL SURGEON .00 .00 . 00 . 00 .00 . 00 ASSISTANT SURGEON .00 .000 . 00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 DIALYSIS .00 .000 .00 .00 .00 .000 .00 .00 . 00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @ PHARMACY .00 \$.00 .000 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 OUTPATIENTS .00 .00 .000 .00 . 00 MEDICAL SUPPLIES .00 \$.00 .00 \$.000 \$.00 @DENTIST .00 .00 VISITS - DIAGNOSTIC .000 .00 .00 .000 .00 ORAL SURGERY .00 .00 .00 DRUGS .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIA .000 .00 .00 .00 .00 PERIODONTICS .000 .00 .00 .00 .00 .000 ENDODONTICS .00 .00 .00 .00 .000 .00 RESTORATIVE DENTISTRY PROSTHETICS .00 .00 .000 .00 .00 .00 .000 DENTURES, STAYPLATES .00 .00 .00

.00

.00

.000

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7	7,802
MOP024	FEE-FOR-SERVICE/DENT	ΔΤ.					01/1	7/03

MONO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 \$.00 .00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 @PODIATRIST .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 Ś .00 NURSE ANESTHESIST 0 .00 \$.00 .000 Ś .00 Ś .00 0 Ś .00 .000 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .000 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 .00 \$.00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200)2 THRU DEC	2002	PAGE 7,803
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE	Ξ		
					MONTE	TIT IZ ATIODA	· -

MONO COUNTY	SUMMARY OF SER		51 MIA	- SOC	- PREGNANT		AID CC	DDE			01/1//00
								MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER U		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000			.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000			.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000			.00
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 7,804
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	OC - PREGNANT	AID CODE			

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SE	RVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,805 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 Ś .00 .000 \$.00 \$.00 0 .00 .00 .000 \$.00 @PHYSICIANS SERVICES .00 .00 .00 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION .00 0 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 0 @PHARMACY .00 .00 .000 \$.00 .00 .000 PRESCRIPTION DRUGS .00 .00 .00 .00 SNF/ICF .00 .00 .000 .00 .00 .00 .00 OUTPATIENTS .00 .000 .00 .00 .00 MEDICAL SUPPLIES .000 .00 .00 .00 .00 .00 @DENTIST .000 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	T FOR JAN	2002 THRU DE	C 2002	PAGE 7,806
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

						Mo	ТИС	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
	0	0						
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,807	
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03	
MONO COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MIA	A - SOC					
					M	ONTHIY AVERA	GE	

						MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COS	r units/days	COST PER	CC	OST PER
		OR DAYS OF CARE	1		PER UNIT/DA	Y PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC 2002	PAG	E 7,808
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/17/03
MONO COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MI	A - SOC						
						M	MONTHLY AVER	AGE	

						IILI AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,809 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	7.GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU:	RES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 7,810
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONO COLINARY	CHMMADY OF CEDUTCEC FOR	53 EOD	שמווחוום	IICE					

MONO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

MONO COUNTY	SUMMARY OF SER	VICES FOR 53 FOR	FUTUR.	E USE					~-	
0.0					 	MO			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	S	COST PER		COST PER
_		OR DAYS OF CARE			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	2002 THRU DEC	2002	PAGE 7,811
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	R 53 FOR FUT	TURE USE				
					MONTH	LY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC :	2002	PAGE	7,812
MOP024	FEE-FOR-SERVICE/DENTAL									0.	1/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

STATE STAT	110110 000111	BOTHWIN OF BEIN	TODO TOR STREET	INDIGENI NEGETO		MONT	THTY AVERA	GE
COUNTY PART	34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
## PROPRIET 1	01 221012220	00210						
### SERVICES 7 17 \$ \$49.98 \$ 49.94 5.00 \$ 121.28 \$ 24.97 OFFICE TURITS 1 1 1 1 77.42 77.42 77.56 OFFICE TURITS 1 1 1 1 77.42 77.42 77.42 77.42 77.45 OFFICE TURITS 1 1 1 1 77.42 77.42 77.42 77.42 77.42 77.45 OFFICE TURITS 1 1 1 1 77.42	GTOTAL ALL PROVIDERS	31		41 193 94				
OUTPATIENT VISITS 5 5 5 297.09 51.42 1.17 51.42 7.56 CFFICE VISITS 1 1 1 37.42 0.00 0.00 0.00 0.00 0.00 EMBRAGENT ROME 3 3 3 93.86 71.12 0.00 0.00 0.00 0.00 0.00 EMBRAGENT ROME 3 3 3 93.86 71.12 0.00 0.00 0.00 0.00 FREE VISITS 0 0 0 0 0 0 0 0.00 0.00 0.00 0.00 FREE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•		•	•				
OFFICE VISITS								•
HOME VISITS		1						
BERREENCY NOOM		<u> </u>						
PREVENDIVE CARE		3	-					
OTHER COUPFAITENT OTHER COUPFAITENT O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
OTHER OUTPARTENT 0		1	1					
INPATIENT VISITS								
HOSPITAL VISITS		1	1					
CRITICAL CARE O O ONTHIALMOLOGICAL SERVICES O O OPHTHALMOLOGICAL SERVICES O O O OPHTHALMOLOGICAL SERVICES O O O O O OPHTHALMOLOGICAL SERVICES O O O O O O O O O O O O O O O O O O O		1	1					
SINF/ICE/TEARS TO CARE		1	1					
OPHTHALMCLOCICAL SERVICES		U	-					
ERMINATIONS SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	g .					
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1		U						
INPATTENT ROSPITAL SURGERY		0	-					
PRINCIPAL SURGEON 0 0 127.36 .00 .000 .00 .00 .3.75 ASISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 2 10 386.24 38.62 .294 193.12 11.36 OUTPATIENT SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	_					
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 1.00 AMESTHESIOLGGIST 2 10 38.62 4 38.62 294 193.12 11.36 OUTPATIENT SURGERY 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ALO PRINCIPAL SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.0		2						
AMESTHESIOLOGIST 2 10 386.24 38.62 .294 193.12 11.36 OUTPATIENT SURGERY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0						
OUTPATIENT SURGERY		0		.00	.00		.00	.00
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	2	10	386.24	38.62	.294	193.12	11.36
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
ANDSTRESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
DIALYSIS	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PATHOLOGY 1 1 1 24.50 24.50 .029 24.50 .72 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 0 0 0 .00 .00 .00 .00 .00 .00 \$\begin{cases} \{ \text{PHARMACY} \\ \\ \text{PHARMACY} \\ \text{PHARMACY} \\ \\ \text{PHARMACY} \\ \text{PHARMACY} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
RADIOLOGY PSYCHIATRY O O O O O O O O O O O O O O O O O O O	DIALYSIS	0	0	.00	.00	.000	.00	.00
RADIOLOGY PSYCHIATRY OO OO	PATHOLOGY	1	1	24.50	24.50	.029	24.50	.72
IMMUNIZATION AND INJECTION	RADIOLOGY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION 0 0 0 0 0 0 0 0 0	PSYCHIATRY	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS O	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
@PHARMACY 4 7 \$ 48.70 \$ 6.96 .206 \$ 12.18 \$ 1.43 PRESCRIPTION DRUGS 4 7 48.70 6.96 .206 12.18 1.43 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 4 7 48.70 6.96 .206 12.18 1.43 MEDICAL SUPPLIES 0 0 .00 <		0	0					
PRESCRIPTION DRUGS		4						
SNF/ICF	-	4	7					
OUTPATIENTS 4 7 48.70 6.96 .206 12.18 1.43 MEDICAL SUPPLIES 0 0 .00		0	0					
MEDICAL SUPPLIES 0 0 .00 <t< td=""><td></td><td>4</td><td>-</td><td></td><td></td><td></td><td></td><td></td></t<>		4	-					
QDENTIST		Ô	•					
VISITS - DIAGNOSTIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0						
ORAL SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	-	0				·		
DRUGS 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0	_					
ANESTHESIA 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	· ·					
PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	0					
ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	0					
RESTORATIVE DENTISTRY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	g .					
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		· ·	<u> </u>					
SPACE MAINTAINERS 0 0 .00 <		· · · · · · · · · · · · · · · · · · ·	•					
MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> <td>0</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	· · · · · · · · · · · · · · · · · · ·					
FRACTURES, DISLOCATIONS 0 0 .00<		0	0					
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	0					
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	•	· ·	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,814		•	•					
		•	g .					
	#CALIF DEPT OF HEALTH SERV			NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,814

01/17/03

FEE-FOR-SERVICE/DENTAL

110110 0001111	***************************************				MONTHLY AVERAGE						
34 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	58	\$	35,939.30	\$	619.64	1.706	\$	2395.95	\$	1057.04
HOSP INPATIENT TOTAL	4	20		34,862.80		1743.14	.588		8715.70		1025.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	20		34,862.80		1743.14	.588		8715.70		1025.38
ACCOMMODATIONS	4	20		13,337.80		666.89	.588		3334.45		392.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	20		13,337.80		666.89	.588		3334.45		392.29
ANCILLARIES	4	0		21,525.00		.00	.000		5381.25		633.09
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	15	38	1,076.5	50	28.33	1.118	71.77	3	31.66
MEDICAL	0	0	. (0 (.00	.000	.00		.00
SURGERY	3	8	335.2	22	41.90	.235	111.74		9.86
PATHOLOGY	5	14	195.9	97	14.00	.412	39.19		5.76
RADIOLOGY	2	2	94.6	58	47.34	.059	47.34		2.78
ROOM USE	5	7	303.4	18	43.35	.206	60.70		8.93
CROSSOVERS/ALL OTH OUTPINT	5	7	147.1	L5	21.02	.206	29.43		4.33
@COUNTY HOSPITAL TOTAL	0	0	\$.(0 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	. (0 0	.00	.000	.00		.00
HSC HOSPITALS	0	0	. (0.0	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	. (0.0	.00	.000	.00		.00
ACCOMMODATIONS	0	0	. (0.0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	. (0.0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	. (0.0	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	. (0.0	.00	.000	.00		.00
ANCILLARIES	0	0	. (0.0	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	. (0.0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	. (00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	. (00	.00	.000	.00		.00
MEDICAL	0	0	. (00	.00	.000	.00		.00
SURGERY	0	0	. (00	.00	.000	.00		.00
PATHOLOGY	0	0	. (00	.00	.000	.00		.00
RADIOLOGY	0	0	. (00	.00	.000	.00		.00
ROOM USE	0	0	. (00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	. (00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	7,815
MOP024	FEE-FOR-SERVICE/DENTA	L						01	L/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 54 MEDICA	ALLY INDIGENT ADUI	LTS					

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 34 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 15 58 1.706 \$ 2395.95 \$ 1057.04 @COMMUNITY HOSPITAL TOTAL 35,939.30 \$ 619.64 COMM HOSP INPATIENT TOTAL 1743.14 .588 8715.70 4 20 34,862.80 1025.38 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 20 34,862.80 1743.14 .588 8715.70 1025.38 666.89 .588 .00 .000 .00 .000 666.89 .588 20 13,337.80 3334.45 392.29 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM 20 13,337.80 3334.45 392.29 ANCILLARIES 0 21,525.00 .00 .000 5381.25 633.09 .00 INPATIENT CROSSOVERS 0 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 15 38 1,076.50 28.33 1.118 71.77 31.66 .000 MEDICAL Ω Ω .00 .00 .00 .00 SURGERY 335.22 41.90 .235 111.74 9.86 195.97 PATHOLOGY 14.00 .412 39.19 5.76 14 RADIOLOGY 94.68 47.34 .059 47.34 2.78 .206 ROOM USE 303.48 43.35 60.70 8.93 CROSSOVERS/ALL OTH OUTPINT 7 147.15 21.02 29.43 .206 4.33 0 .00 \$ @STATE HOSPITAL .00 .000 \$.00 \$.00 .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED .00 0 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @NURSING FACILITY .000 LEV A-INTERMEDIATE 0 .00 .00 .00 .00 .000 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	118.80	\$	23.76	.147	\$	29.70	\$	3.49
PATHOLOGY	4	5		118.80		23.76	.147		29.70		3.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	37	\$	4,078.16	\$	110.22	1.088	\$	214.64	\$	119.95
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	37		4,078.16		110.22	1.088		214.64		119.95
	MEDI-CAL SERVICES AND		RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,816
	FEE-FOR-SERVICE/DENTA										01/17/03
MONO COUNTY	STIMMARY OF SERVICES E	OR 54 MED	TCDT.T.V	TNDTCENT ADILTS							

----- MONTHLY AVERAGE -----

MONO COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2	\$ 160.00	\$ 80.00	.059 \$	80.00	\$ 4.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.059	80.00	4.71
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 7,817

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

					MON'I'	HLY AVERAG	E
479 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	321	2,932 \$	175,056.44	\$ 59.71	6.121 \$	545.35	\$ 365.46
@PHYSICIANS SERVICES	22	43 \$	842.50	\$ 19.59	.090 \$	38.30	
OUTPATIENT VISITS	1	1	37.50	37.50	.002	37.50	.08
OFFICE VISITS	1	1	37.50	37.50	.002	37.50	.08
	0	0					
HOME VISITS	•	· ·	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	-	-	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1CR	21.60	21.60CR		21.60	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	43	783.40	18.22	.090	37.30	1.64
@PHARMACY	216	1,223 \$	40,995.68	\$ 33.52	2.553 \$	189.79	
•	208	·					
PRESCRIPTION DRUGS		775	37,273.09	48.09	1.618	179.20	77.81
SNF/ICF	27	210	7,774.53	37.02	.438	287.95	16.23
OUTPATIENTS	181	565	29,498.56	52.21	1.180	162.98	61.58
MEDICAL SUPPLIES	28	448	3,722.59	8.31	.935	132.95	7.77
@DENTIST	3	11 \$	725.00	\$ 65.91	.023 \$	241.67	•
VISITS - DIAGNOSTIC	1	2	45.00	22.50	.004	45.00	.09
ORAL SURGERY	1	7	550.00	78.57	.015	550.00	1.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	130.00	65.00	.004	130.00	.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 7,818
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

						M	ONT	HLY AVERA	GE	
479 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	17	\$ 324.05	\$	19.06	.035	\$	46.29	\$.68
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	6	16	276.60		17.29	.033		46.10		.58
OTHER OPTOMETRIC SERVICES	1	1	47.45		47.45	.002		47.45		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	136	\$ 7,692.58	\$	56.56		\$	219.79	\$	16.06
HOSP INPATIENT TOTAL	6	14	4,292.58		306.61	.029		715.43		8.96
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	14	4,292.58		306.61	.029		715.43		8.96
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	30	122	3,400.00		27.87	.255		113.33		7.10
MEDICAL	1	1	64.66		64.66	.002		64.66		.13
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	1	2.50		2.50	.002		2.50		.01
RADIOLOGY	1	1	62.99		62.99	.002		62.99		.13
ROOM USE	2	2	88.34		44.17	.004		44.17		.18
CROSSOVERS/ALL OTH OUTPTNT	27	117	3,181.51		27.19	.244		117.83		6.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0	.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
	0	0				.000		.00		
ALL OTHER INPATIENT	U	U	.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,819
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
MONO COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AGED					
					MON'	THLY AVERA	GE
479 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	136 \$	7,692.58	\$ 56.56	.284 \$	219.79	\$ 16.06
COMM HOSP INPATIENT TOTAL	6	14	4,292.58	306.61	.029	715.43	8.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	14	4 , 292.58	306.61	.029	715.43	8.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	122	3,400.00	27.87	.255	113.33	7.10
MEDICAL	1	1	64.66	64.66	.002	64.66	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.50	2.50	.002	2.50	.01
RADIOLOGY	1	1	62 99	62 99	002	62 99	13

62.99

88.34

3,181.51

.00 \$.00

62.99

44.17

27.19

62.99

44.17

117.83

.000 \$.00 \$

.002

.004

.244

.13

.18

6.64

.00

1

2

117

0

1

2

0

27

RADIOLOGY

@STATE HOSPITAL

ROOM USE

CROSSOVERS/ALL OTH OUTPINT

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	26	851	\$	95,931.99	\$	112.73	1.777	\$	3689.69	\$	200.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	26	851		95,931.99		112.73	1.777		3689.69		200.28
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	87.50	\$	14.58	.013	\$	21.88	\$.18
PATHOLOGY	4	6		87.50		14.58	.013		21.88		.18
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	85	163	\$	10,694.35	\$	65.61	.340	\$	125.82	\$	22.33
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	85	163		10,694.35		65.61	.340		125.82		22.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES.	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU	DEC	2002	PI	AGE 7,820
MODO 2 4	THE HOD CHRISTON / DENIES	т									01/17/00

MOP024
MONO COUNTY 01/17/03 FEE-FOR-SERVICE/DENTAL FEE-FOK-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 55 ALL AGED

110110 0001111	DOINING OF DER	VIOLO TOIL OO HEE HOLD	, o Till 11015					
					MON	THLY AVERA	GE	
479 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	97	482 \$	17,762.79	\$ 36.85	1.006 \$	183.12	\$ 37.08	
DURABLE MED. EQUIP.	2	4	674.19	168.55	.008	337.10	1.41	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	175	677.58	3.87	.365	112.93	1.41	
AMBULANCES/AIR TRANS	1	32	217.21	6.79	.067	217.21	.45	
OTHER TRANS	3	73	169.67	2.32	.152	56.56	.35	
OTHER SERVICES	2	70	290.70	4.15	.146	145.35	.61	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	10	1,281.32	128.13	.021	640.66	2.67	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	6	13	224.89	17.30	.027	37.48	.47	
PHYSICAL THERAPIST	1	2	24.44	12.22	.004	24.44	.05	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	5	2,304.91	460.98	.010	1152.46	4.81	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	86	273	12,575.46	46.06	.570	146.23	26.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	94	391	\$ 15,319.17	\$ 39.18	.816	\$ 162.97	\$ 31.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,821 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----41 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.878 \$ @TOTAL, ALL PROVIDERS 77 1,605.93 Ś 20.86 73.00 \$ 39.17 48.21 16.07 .073 \$ 16.07 \$ @PHYSICIANS SERVICES .00 .00 .00 .024 .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .024 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 . 00 . 00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 . 00 . 00 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 2 48.21 24.11 .049 24.11 OTHER SERVICES/ALL X-OVERS 1.18 22 @PHARMACY 12 683.78 31.08 .537 \$ 56.98 16.68 12 22 683.78 31.08 56.98 PRESCRIPTION DRUGS .537 16.68 SNF/ICF 0 0 .00 .00 .000 .00 .00 12 683.78 31.08 .537 56.98 OUTPATIENTS 16.68 .00 .00 MEDICAL SUPPLIES .000 .00 .00 9 206.00 22.89 .220 103.00 \$ 5.02 @DENTIST 23.00 11.50 VISITS - DIAGNOSTIC 7.67 .073 .56 ORAL SURGERY 128.00 42.67 .073 64.00 3.12 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	55.00	27.50	.049	55.00	1.34
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.024	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 7,822
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

110110 0001111	00111111111 01 02111	1020 1010	00 1122 .					M	TNC	HLY AVERA	GE	
41 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		Ö	'	.00	'	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	·	.00	·	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		10	\$	7.45	\$.75	.244	\$	3.73	\$.18
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		10		7.45		.75	.244		3.73		.18
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		3		7.45		2.48	.073		3.73		.18
CROSSOVERS/ALL OTH OUTPINT	2		7		.00		.00	.171		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,823
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVICE	S FOR 56 ALL BL	IND				

----- MONTHLY AVERAGE -----

MONO COUNTY

41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
@COMMUNITY HOSPITAL TOTAL	2	OR DAYS OF CARE	\$	7.45	PER UN \$	IT/DAY	PER ELIG .244		ER 3.73		ELIGIBLE .18
COMM HOSP INPATIENT TOTAL	0	0	Ą	.00	ş	.00	.000	Ş	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0					.000				.00
ADMINISTRATIVE DAYS	0	0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	10		7.45		.75	.244		3.73		.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		7.45		2.48	.073		3.73		.18
CROSSOVERS/ALL OTH OUTPINT	2	7		.00		.00	.171		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ó	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$ 291.78	\$	72.95	.098	\$ 97.26	\$	7.12
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	4	291.78		72.95	.098	97.26		7.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	F	PAGE 7,824
MOP024	FEE-FOR-SERVICE/DENTA	AL							01/17/03
MONO COUNTY	SUMMARY OF SERVICES 1	FOR 56 ALL B	LIND						
						M	MONTHLY AVER	AGE	

					1.1014	TITLL TARITY	ناد
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	29 \$	368.71	\$ 12.71	.707 \$	52.67	\$ 8.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.024	25.00	.61
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	28	343.71	12.28	.683	57.29	8.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 48.21	\$ 24.11	.049	\$ 24.11	\$ 1.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 7,825

01/17/03

SUMMARY OF SERVICES FOR 57 ALL DISABLED

MONO COONTI	SUMMARI OF SER	VICES FOR 57 ALL I	JISAL	эпер		MON	מחנודע אנודם	GE
1 220 ELICIDIES	HOEDO	INTEG OF CEDUTCE		EVDENDIMIDEO	ATTEDACE COCH			COST PER
1,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	985	7,931	\$	974,892.18	\$ 122.92	6.458 \$		\$ 793.89
-	178	636	۶ \$		\$ 53.59			•
@PHYSICIANS SERVICES			Ş	- ,		.518 \$		
OUTPATIENT VISITS	102 69	145 93		5,945.13	41.00	.118	58.29	4.84
OFFICE VISITS	69 0			3,347.76	36.00	.076	48.52	2.73
HOME VISITS	•	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	32	39		1,948.30	49.96	.032	60.88	1.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	13		649.07	49.93	.011	81.13	.53
INPATIENT VISITS	14	75		5,403.50	72.05	.061	385.96	4.40
HOSPITAL VISITS	13	54		2,496.26	46.23		192.02	2.03
CRITICAL CARE	2	21		2 , 907.24	138.44	.017	1453.62	2.37
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		108.08	36.03	.002	36.03	.09
EXAMINATIONS	3	3		108.08	36.03	.002	36.03	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	84		9,329.14	111.06	.068	717.63	7.60
PRINCIPAL SURGEON	8	23		7,271.94	316.17	.019	908.99	5.92
ASSISTANT SURGEON	2	2		567.39	283.70	.002	283.70	.46
ANESTHESIOLOGIST	4	59		1,489.81	25.25	.048	372.45	1.21
OUTPATIENT SURGERY	22	49		5,310.62	108.38	.040	241.39	4.32
PRINCIPAL SURGEON	17	19		4,477.70	235.67	.015	263.39	3.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	30		832.92	27.76	.024	166.58	.68
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	16	71		665.58	9.37	.058	41.60	.54
RADIOLOGY	27	41		3,595.78	87.70	.033	133.18	2.93
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		57.61	14.40	.003	14.40	.05
OTHER SERVICES/ALL X-OVERS	62	164		3,665.31	22.35	.134	59.12	2.98
@ PHARMACY	639	3,542	\$		\$ 149.20	2.884		\$ 430.33
PRESCRIPTION DRUGS	618	2,463		521,562.40	211.76	2.006	843.95	424.73
SNF/ICF	2	9		584.57	64.95	.007	292.29	.48
OUTPATIENTS	617	2,454		520,977.83	212.30	1.998	844.37	424.25
	~ - '	=,		3=3,311.00	===::0			

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	51	1,079		6,887.26		6.38	.879		135.04		5.61
@DENTIST	20	67	\$	3,889.00	\$	58.04	.055	\$	194.45	\$	3.17
VISITS - DIAGNOSTIC	16	47		610.00		12.98	.038		38.13		.50
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.08
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	4		875.00		218.75	.003		437.50		.71
RESTORATIVE DENTISTRY	4	10		1,734.00		173.40	.008		433.50		1.41
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	3	3		540.00		180.00	.002		180.00		. 44
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 7,826
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONIO COLINERY	CHAMADA OF CEDITORS FOR	E7 7 T	DICABLE	D							

----- MONTHLY AVERAGE -----

MONO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

1,228 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST	UNITS/DAY	S	COST PER	.01	COST PER
		OR DAYS OF CARE		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	21	61	\$ 1,289.23	\$ 21.13	.050	Ş	61.39	Ş	1.05
DIAGNOSTIC AND ANC. PROCED	9	10	443.45	44.35	.008		49.27		.36
EYE APPLIANCES	17	46	735.88	16.00	.037		43.29		.60
OTHER OPTOMETRIC SERVICES	2	5	109.90	21.98	.004		54.95		.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00		.00
OTHER SERVICES	0	0	.00	.00	.000		.00		.00
@PODIATRIST	4	18	\$ 170.15	\$ 9.45	.015	\$	42.54	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00		.00
SURGERY/ANES.	0	0	.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00		.00
OTHER	4	18	170.15	9.45	.015		42.54		.14
@HOME HEALTH AGENCY	13	39	\$ 2,848.59	\$ 73.04	.032	\$	219.12	\$	2.32
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	149	789	\$ 245,564.34	\$ 311.23	.643	\$	1648.08	\$	199.97
HOSP INPATIENT TOTAL	31	200	227,154.60	1135.77	.163		7327.57		184.98
HSC HOSPITALS	12	73	88,249.00	1208.89	.059		7354.08		71.86
NON-HSC HOSPITAL TOTAL	12	87	133,261.60	1531.74	.071		11105.13		108.52
ACCOMMODATIONS	12	87	78,329.32	900.34	.071		6527.44		63.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	12	87	78,329.32	900.34	.071		6527.44		63.79
ANCILLARIES	12	0	54,932.28	.00	.000		4577.69		44.73
INPATIENT CROSSOVERS	7	40	5,644.00	141.10	.033		806.29		4.60
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	128	589	18,409.74	31.26	.480		143.83		14.99
MEDICAL	33	50	2,973.64	59.47	.041		90.11		2.42
SURGERY	7	10	686.58	68.66	.008		98.08		.56
PATHOLOGY	51	201	2,473.87	12.31	.164		48.51		2.01
RADIOLOGY	33	44	5,390.58	122.51	.036		163.35		4.39
ROOM USE	56	74	3,107.38	41.99	.060		55.49		2.53

CROSSOVERS/ALL OTH OUTPINT	58	210		3 , 777.69		17.99	.171	65.13		3.08
@COUNTY HOSPITAL TOTAL	4	23	\$	10,281.97	\$	447.04	.019	\$ 2570.49	\$	8.37
CO HOSPITAL INPATIENT TOTAL	1	8		9,560.00		1195.00	.007	9560.00		7.79
HSC HOSPITALS	1	8		9,560.00		1195.00	.007	9560.00		7.79
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	15		721.97		48.13	.012	240.66		.59
MEDICAL	2	3		69.18		23.06	.002	34.59		.06
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	1		4.72		4.72	.001	4.72		.00
RADIOLOGY	1	4		432.98		108.25	.003	432.98		.35
ROOM USE	3	4		178.16		44.54	.003	59.39		.15
CROSSOVERS/ALL OTH OUTPINT	1	3		36.93		12.31	.002	36.93		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT RE	POR	r for jan	2002 THRU	DEC 2002	PAGE	7,827
MOP024	FEE-FOR-SERVICE/DENTAL								0.	1/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISABLED							

----- MONTHLY AVERAGE -----1,228 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 147 766 235,282.37 \$ 307.16 .624 \$ 1600.56 \$ 191.60 COMM HOSP INPATIENT TOTAL 30 192 217,594.60 1133.31 .156 7253.15 177.19 HSC HOSPITALS 11 6.5 78,689.00 1210.60 .053 7153.55 64.08 87 NON-HSC HOSPITALS TOTAL 133,261.60 1531.74 .071 11105.13 108.52 ACCOMMODATIONS 12 87 78,329.32 900.34 .071 6527.44 63.79 0 0 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 12 78,329.32 900.34 .071 ALL OTHER ACCOM 87 6527.44 63.79 0 4577.69 ANCILLARIES 54,932.28 .00 .000 44.73 INPATIENT CROSSOVERS 40 5,644.00 141.10 .033 806.29 4.60 Ω 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 574 17,687.77 30.81 140.38 COMM HOSP OUTPATIENT TOTAL .467 14.40 2.37 61.80 93.69 MEDICAL 31 47 2,904.46 .038 SURGERY 10 686.58 68.66 .008 98.08 .56 200 PATHOLOGY 2,469.15 12.35 .163 49.38 2.01 33 RADIOLOGY 40 4,957.60 123.94 .033 150.23 4.04 ROOM USE 53 70 2,929.22 41.85 .057 55.27 2.39 CROSSOVERS/ALL OTH OUTPTNT 207 3,740.76 18.07 .169 64.50 3.05 @STATE HOSPITAL 0 .00 . 00 .000 \$.00 .00 0 .00 .00 .000 .00 .00 MENTALLY ILL 0 .00 .00 DEVELOP. DISABLED .00 .000 .00 40 6,699.78 167.49 @NURSING FACILITY .033 \$ 2233.26 5.46 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 0 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .000 40 6,699.78 2233.26 167.49 .033 5.46 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD 0 .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	5	\$	1,975.38	\$	395.08	.004	\$	658.46	\$	1.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	5		1,975.38		395.08	.004		658.46		1.61
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	45	135	\$	2,466.88	\$	18.27	.110	\$	54.82	\$	2.01
PATHOLOGY	45	135		2,466.88		18.27	.110		54.82		2.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	290	485	\$	55,069.31	\$	113.54	.395	\$	189.89	\$	44.84
CLINIC	3	4		86.65		21.66	.003		28.88		.07
SURGICENTER	2	4		161.62		40.41	.003		80.81		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	287	477		54,821.04		114.93	.388		191.01		44.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 7,828
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISABLE	D							

						IULI AARVA	
1,228 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	263	2,114 \$	92,389.11	\$ 43.70	1.721 \$		•
DURABLE MED. EQUIP.	35	164	29 , 032.58	177.03	.134	829.50	23.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	953	18 , 750.27	19.67	.776	1102.96	15.27
AMBULANCES/AIR TRANS	12	982	14,134.70	14.39	.800	1177.89	11.51
OTHER TRANS	2	6	29.60	4.93	.005	14.80	.02
OTHER SERVICES	7	35CR	4,585.97	131.03CR	.029CR	655.14	3.73
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	39	495.58	12.71	.032	27.53	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	1,447.71	206.82	.006	1447.71	1.18
PROSTHETICS	1	7	1,447.71	206.82	.006	1447.71	1.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	97.16	32.39	.002	97.16	.08
SPEECH AND AUDIOLOGY	3	13	634.37	48.80	.011	211.46	.52
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	415	4,673.97	11.26	.338	133.54	3.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	171	520	37,257.47	71.65	.423	217.88	30.34
@CALIF. CHILDREN SERVICES*	48	465 \$	101,099.08	\$ 217.42	.379 \$	2106.23	\$ 82.33
@XOVER EXCLUDING STATE HOSP**	96	314 \$	12,778.46	\$ 40.70	.256 \$	133.11	\$ 10.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

110110 C001111	DOIMMING OF BEIN	VICED FOR SO THE THE	111110				
					MON		GE
7,684 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,181	12,884 \$	1,160,493.51	\$ 90.07	1.677 \$		•
@PHYSICIANS SERVICES	629	1,568 \$	66 , 537.50		.204 \$	105.78	\$ 8.66
OUTPATIENT VISITS	427	630	23,570.32	37.41	.082	55.20	3.07
OFFICE VISITS	206	256	9,040.61	35.31	.033	43.89	1.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	197	221	9,673.53	43.77	.029	49.10	1.26
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	27	135	4,301.08	31.86	.018	159.30	.56
OTHER OUTPATIENT	16	17	520.41	30.61	.002	32.53	.07
INPATIENT VISITS	23	45	2,992.33	66.50	.006	130.10	.39
HOSPITAL VISITS	22	37	1,999.38	54.04	.005	90.88	.26
CRITICAL CARE	1	8	992.95	124.12	.001	992.95	.13
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	111.79	37.26	.000	37.26	.01
EXAMINATIONS	3	3	111.79	37.26	.000	37.26	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	44	312	15,518.56	49.74	.041	352.69	2.02
PRINCIPAL SURGEON	16	17	8,774.47	516.15	.002	548.40	1.14
ASSISTANT SURGEON	2	2	293.72	146.86	.000	146.86	.04
ANESTHESIOLOGIST	29	293	6,450.37	22.01	.038	222.43	.84
OUTPATIENT SURGERY	79	179	11,952.64	66.77	.023	151.30	1.56
PRINCIPAL SURGEON	64	8 4	9,691.32	115.37	.011	151.43	1.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	21	95	2,261.32	23.80	.012	107.68	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	59	101	1,426.67	14.13	.013	24.18	.19
RADIOLOGY	113	174	5 , 709.98	32.82	.023	50.53	.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	15	22	664.66	30.21	.003	44.31	.09
OTHER SERVICES/ALL X-OVERS	58	102	4,590.55	45.01	.013	79.15	.60
@PHARMACY	1,087	2,431	83,836.27	\$ 34.49	.316	\$ 77.13	\$ 10.91
PRESCRIPTION DRUGS	1,081	1,957	83,036.65	42.43	.255	76.81	10.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,081	1,957	83,036.65	42.43	.255	76.81	10.81
MEDICAL SUPPLIES	20	474	799.62	1.69	.062	39.98	.10
@DENTIST	50	291	10,488.30	\$ 36.04	.038	\$ 209.77	\$ 1.36
VISITS - DIAGNOSTIC	38	173	2,522.00	14.58	.023	66.37	.33
ORAL SURGERY	10	35	3,181.00	90.89	.005	318.10	.41
DRUGS	1	2	30.00	15.00	.000	30.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	35.00	17.50	.000	17.50	.00
RESTORATIVE DENTISTRY	18	71	3,391.00	47.76	.009	188.39	. 44
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.000	900.00	.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3	117.22	39.07	.000	117.22	.02
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 7,830
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

MONO COUNTY

----- MONTHLY AVERAGE -----7,684 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 60 166 4,221.03 25.43 .022 \$ 70.35 \$.55 47 48 2,184.18 45.50 .006 46.47 .28 DIAGNOSTIC AND ANC. PROCED 117 17.12 44.50 EYE APPLIANCES 45 2,002.55 .015 .26 34.30 34.30 OTHER OPTOMETRIC SERVICES 1 1 34.30 .000 .00 @CHIROPRACTOR 6 100.32 16.72 .001 \$ 33.44 \$.01 16.72 33.44 VISITS 100.32 .001 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .000 \$.00 \$ @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 .00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 0 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 2,632 @TOTAL HOSPITAL 679 607,453.95 230.80 .343 \$ 894.63 \$ 79.05 75 HOSP INPATIENT TOTAL 276 534,715.50 1937.38 .036 7129.54 69.59 HSC HOSPITALS 26 29,957.01 1152.19 .003 3328.56 NON-HSC HOSPITAL TOTAL 66 250 504,758.49 2019.03 7647.86 .033 65.69 250 650.64 2464.54 21.17 ACCOMMODATIONS 162,659.82 .033 0 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 250 650.64 .033 2464.54 ALL OTHER ACCOM 162,659.82 21.17 ANCILLARIES 0 342,098.67 .00 .000 5183.31 44.52 .000 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	626	2,356		72,738.45	30.87	.307	116.20	9.47
MEDICAL	163	228		10,528.21	46.18	.030	64.59	1.37
SURGERY	59	76		4,910.03	64.61	.010	83.22	.64
PATHOLOGY	264	869		9,875.99	11.36	.113	37.41	1.29
RADIOLOGY	197	249		18,418.86	73.97	.032	93.50	2.40
ROOM USE	330	437		20,571.81	47.08	.057	62.34	2.68
CROSSOVERS/ALL OTH OUTPTNT	238	497		8,433.55	16.97	.065	35.44	1.10
@COUNTY HOSPITAL TOTAL	6	26	\$	13,498.77	\$ 519.18	.003	\$ 2249.80	\$ 1.76
CO HOSPITAL INPATIENT TOTAL	1	11		13,145.00	1195.00	.001	13145.00	1.71
HSC HOSPITALS	1	11		13,145.00	1195.00	.001	13145.00	1.71
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	15		353.77	23.58	.002	70.75	.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	3		27.61	9.20	.000	13.81	.00
RADIOLOGY	1	1		88.16	88.16	.000	88.16	.01
ROOM USE	2	3		113.84	37.95	.000	56.92	.01
CROSSOVERS/ALL OTH OUTPINT	2	8		124.16	15.52	.001	62.08	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,831
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	58 ALI	L FAMI	LIES				

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7 (04 FLIGIBLES	HODDO	INITES OF SERVICE	,	DADENDIENDE	717ED 7 CE COCE		ONTHLY AVERA	-
7,684 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER
_		OR DAYS OF CARE			- ,	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	673	2,606	\$	593,955.18	\$ 227.92	.339		•
COMM HOSP INPATIENT TOTAL	74	265		521,570.50	1968.19	.034	7048.25	67.88
HSC HOSPITALS	8	15		16,812.01	1120.80	.002	2101.50	2.19
NON-HSC HOSPITALS TOTAL	66	250		504,758.49	2019.03	.033	7647.86	65.69
ACCOMMODATIONS	66	250		162,659.82	650.64	.033	2464.54	21.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	250		162,659.82	650.64	.033	2464.54	21.17
ANCILLARIES	66	0		342 , 098.67	.00	.000	5183.31	44.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	621	2,341		72,384.68	30.92	.305	116.56	9.42
MEDICAL	163	228		10,528.21	46.18	.030	64.59	1.37
SURGERY	59	76		4,910.03	64.61	.010	83.22	.64
PATHOLOGY	262	866		9,848.38	11.37	.113	37.59	1.28
RADIOLOGY	196	248		18,330.70	73.91	.032	93.52	2.39
ROOM USE	328	434		20,457.97	47.14	.056	62.37	2.66
CROSSOVERS/ALL OTH OUTPTNT	236	489		8,309.39	16.99	.064	35.21	1.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	5	\$	175.34	\$	35.07	.001	\$	87.67	\$.02
HOSPITAL BASED	2	5		175.34		35.07	.001		87.67		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	215	462	\$	8 , 542.75	\$	18.49	.060	\$	39.73	\$	1.11
PATHOLOGY	215	461		8,483.25		18.40	.060		39.46		1.10
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.01
@ORGANIZED OUTPATIENT CLINIC	1,653	2,580	\$	335,118.68	\$	129.89	.336	\$	202.73	\$	43.61
CLINIC	9	32		469.80		14.68	.004		52.20		.06
SURGICENTER	3	12		513.10		42.76	.002		171.03		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,644	2,536		334,135.78		131.76	.330		203.25		43.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MONTH-	-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 7,832
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	R 58 AL:	L FAMILIES								

----- MONTHLY AVERAGE -----7,684 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 391 2,743 44,019.37 16.05 .357 \$ 112.58 \$ 5.73 16 45 63.69 179.13 DURABLE MED. EQUIP. 2,866.02 .006 .37 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .00 .000 .00 HEARING AID DISPENSERS 10,207.57 7.92 408.30 MEDICAL TRANSPORTATION 1,289 .168 1.33 25 .168 336.30 AMBULANCES/AIR TRANS 1,288 8,407.57 6.53 1.09 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 1 1,800.00 1800.00 .000 1800.00 .23 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 27 71.52 GENETIC DISEASE TESTING 1,931.00 .004 71.52 .25 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 56 116 1,034.92 8.92 .015 18.48 .13 PHYSICAL THERAPIST 175 2,684.90 15.34 .023 111.87 .35 .00 .00 .000 .00 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS .00 ORTHOTICS 0 .00 .000 .00 .00 0 PSYCHOLOGIST .00 .00 .000 .00 .00 35 489.72 SPEECH AND AUDIOLOGY 5,386.91 153.91 .005 .70 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 0 NONINST BIRTHING CENTERS .00 .00 .000 .00 153 876 10,541.14 12.03 68.90 1.37 LOCAL EDUCATION AGENCIES .114 .00 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 0 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 180 9,366.91 52.04 .023 101.81 1.22 @CALIF. CHILDREN SERVICES* 100 5,917.94 59.18 .013 \$ 281.81 \$

@XOVER EXCLUDING STATE HOSP** 1 3 \$ 36.75 \$ 12.25 .000 \$ 36.75 \$.00

PAGE 7,833

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						NITLI AVEKA	-
300 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000.00.00.00.00.00.00.00.00.00.00.00.	0.01	OR DAYS OF CARE	145 000 16	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	201	751 \$	145,203.16	\$ 193.35	2.503		\$ 484.01
@PHYSICIANS SERVICES	50	136 \$	6,202.95	\$ 45.61	.453		\$ 20.68
OUTPATIENT VISITS	36	43	1,871.89	43.53	.143	52.00	6.24
OFFICE VISITS	11	11	316.02	28.73	.037	28.73	1.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	25	1,109.46	44.38	.083	50.43	3.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	6	413.68	68.95	.020	137.89	1.38
OTHER OUTPATIENT	1	1	32.73	32.73	.003	32.73	.11
INPATIENT VISITS	1	1	53.79	53.79	.003	53.79	.18
HOSPITAL VISITS	1	1	53.79	53.79	.003	53.79	.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	51	2,494.84	48.92	.170	498.97	8.32
PRINCIPAL SURGEON	1	1	1,307.92	1307.92	.003	1307.92	4.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	50	1,186.92	23.74	.167	237.38	3.96
OUTPATIENT SURGERY	9	29	1,550.85	53.48	.097	172.32	5.17
PRINCIPAL SURGEON	5	6	1,026.17	171.03	.020	205.23	3.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	23				131.17	
ANESTHESIOLOGIST	0	23	524.68	22.81	.077		1.75
DIALYSIS	0	-	.00	.00	.000	.00	.00
PATHOLOGY	3	4	34.15	8.54	.013	11.38	.11
RADIOLOGY	4	4	100.17	25.04	.013	25.04	.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	97.26	24.32	.013	24.32	.32
@PHARMACY	37	62 \$	1,128.46	\$ 18.20	.207		\$ 3.76
PRESCRIPTION DRUGS	36	59	1,021.06	17.31	.197	28.36	3.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	36	59	1,021.06	17.31	.197	28.36	3.40
MEDICAL SUPPLIES	2	3	107.40	35.80	.010	53.70	.36
@DENTIST	2	9 \$	582.00	\$ 64.67	.030	291.00	\$ 1.94
VISITS - DIAGNOSTIC	2	4	43.00	10.75	.013	21.50	.14
ORAL SURGERY	1	4	500.00	125.00	.013	500.00	1.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.003	39.00	.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ő	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
OTTION THITIMITION	0	O .	•00	. 00	. 0 0 0	.00	• 0 0

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,834
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 59 ALL MED	ICALLY INDIGENT				

						M	ON:	THLY AVERA	GE	
300 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE.	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	7	\$ 133.15	\$	19.02	.023	\$	44.38	\$.44
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.003		47.45		.16
EYE APPLIANCES	2	6	85.70		14.28	.020		42.85		.29
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.003	\$	16.72	\$.06
VISITS	1	1	16.72		16.72	.003		16.72		.06
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$	52.50		\$	104.99	\$.35
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	76	264	\$ 119,791.74	\$	453.76	.880	\$	1576.21	\$	399.31
HOSP INPATIENT TOTAL	10	28	111,409.95		3978.93	.093		11141.00		371.37
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	10	28	111,409.95		3978.93	.093		11141.00		371.37
ACCOMMODATIONS	10	28	21,008.93		750.32	.093		2100.89		70.03

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	28	21,008.93	750.32	.093	2100.89	70.03
ANCILLARIES	10	0	90,401.02	.00	.000	9040.10	301.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	72	236	8,381.79	35.52	.787	116.41	27.94
MEDICAL	12	13	182.97	14.07	.043	15.25	.61
SURGERY	10	17	2,145.88	126.23	.057	214.59	7.15
PATHOLOGY	17	51	553.47	10.85	.170	32.56	1.84
RADIOLOGY	24	34	2,287.61	67.28	.113	95.32	7.63
ROOM USE	36	50	2,083.50	41.67	.167	57.88	6.95
CROSSOVERS/ALL OTH OUTPINT	36	71	1,128.36	15.89	.237	31.34	3.76
@COUNTY HOSPITAL TOTAL	1	2 \$	48.74	\$ 24.37	.007 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	48.74	24.37	.007	48.74	.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	15.36	15.36	.003	15.36	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.38	33.38	.003	33.38	.11
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,835
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR 59 ALL ME	DICALLY INDIGENT				
					MON	THLY AVERA	GE
300 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	262 \$	119,743.00	\$ 457.03	.873 \$	1596.57	\$ 399.14
COMM HOSP INPATIENT TOTAL	10	28	111,409.95	3978.93	.093	11141.00	371.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

111,409.95

21,008.93

21,008.93

90,401.02

8,333.05

182.97

2,145.88

538.11

2,287.61

2,050.12

1,128.36

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3978.93

750.32

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750.32

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14.07

126.23

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6.83

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234

13

17

50

34

49

71

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ACCOMMODATIONS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

10

10

0

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10

0

0

71

12

10

16

35

36

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	12	\$	307.29	\$	25.61	.040	\$	34.14	\$	1.02
PATHOLOGY	9	12		307.29		25.61	.040		34.14		1.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	86	135	\$	15,516.33	\$	114.94	.450	\$	180.42	\$	51.72
CLINIC	1	3		118.95		39.65	.010		118.95		.40
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	85	132		15,397.38		116.65	.440		181.15		51.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPOR	r for jan 2002	THRU	DEC	2002	PA	GE 7,836
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	59 ALI	MED:	ICALLY INDIGENT							

----- MONTHLY AVERAGE -----300 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 88.72 \$ @ALL OTHER PROVIDERS 16 123 1,419.53 11.54 .410 \$ 4.73 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 50 MEDICAL TRANSPORTATION 317.33 6.35 .167 317.33 1.06 AMBULANCES/AIR TRANS 317.33 6.35 .167 317.33 1.06 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 160.00 80.00 .007 80.00 .53 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 5 33.81 6.76 16.91 OPTICIAN .017 .11 106.80 2.85 PHYSICAL THERAPIST 854.43 14.24 .200 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .000 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	3	6	53.96	8.99	.020	17.99	.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	27	\$ 351.64	\$ 13.02	.090	\$ 117.21	\$ 1.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
MONO COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	L DIAL	YSIS	AID CC			
							MON		E
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE]		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT FO	R JAN 2	2002 THRU	DEC	2002	PΙ	AGE 7,838
MOP024	FEE-FOR-SERVICE	J/DENTAL									01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 60 RENA	L DIZ	ALYSIS		AID COI	DES				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER UN	IT/DAY	PER ELIG		USER	I	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
TIOOD OUTDINGTON TOTAL	^	^		0.0		0.0	000		0.0		0.0

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HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES MONTH	-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,839
MOP024	FEE-FOR-SERVICE/I	DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVIC	CES FOR 60 REN	AL DIALYS	SIS	AID COD	ES		
						MON'	THLY AVERA	GE
00 ELIGIBLES	USERS (JNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES								
ANCILLARIES	0	0		.00	.00	.000	.00	.00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0		0		.00	0	.00	.000	.00		.00
PATHOLOGY	0		0		.00	0	.00	.000	.00		.00
RADIOLOGY	0		0		.00	0	.00	.000	.00		.00
ROOM USE	0		0		.00	0	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		Ö	\$.00		.00		\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00	'	.00
DEVELOP. DISABLED	0		Ö		.00		.00	.000	.00		.00
@NURSING FACILITY	Û		Ö	\$.00		.00		\$.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Υ	.00		.00	.000	.00	۲	.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
	0		0		.00						
LEV B-REGULAR	0		0	ċ			.00	.000	.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0			\$.00		.00		\$.00	\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	U		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ü		0	\$.00		.00		\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00		.00		\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00	0	.00	.000	.00		.00
XO AND OTHERS	0		0		.00	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
CLINIC	0		0		.00	0	.00	.000	.00		.00
SURGICENTER	0		0		.00	0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0		.00	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0		.00	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXE	PENDITURE	ES N	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU D	EC 2002	P	AGE 7,840
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY	SUMMARY OF SER	VICES FOR	60 RENAI	L DI	IALYSIS		AID COI	DES			
								MO	NTHLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	S A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS	OF CARE			Pl	ER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	0 \$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	0	.00	.000	.00		.00
BLOOD BANK	0		0		.00	0	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	0	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	0	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00		.00
OTHER TRANS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000	.00		.00
ACUPUNCTURE	0		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		Ö		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	0		0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	U		U		.00	U	.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,841 MOPO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

MONO COUNTI	SUMMARI OF SER	VICES FOR OI IOIA	L PAR	RENIERAL NUIRIIION	AID COL			_
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF-E	PAYMENT RE	PORT FO	OR JAN 2	002 THRU DE	C 2002	PAGE '	7,842
MOP024	FEE-FOR-SERVICE/DENTAL								01/	L7/03
MONO COUNTY	SUMMARY OF SERVICES FO	R 61 TOTA	L PARENTERAL	NUTRITION	Ī	AID COD	ES			

MONO COONII	SOMMANT OF SER	VICED FOR	OI IOIA.	L LA	KENIEKAL NOIKIIION		AID COL					
								M			ιGΕ	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS	OF CARE			PER U	JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 2002	THRU I	DEC 2002	PAGE 7,843
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MC	ONTHLY AVERAG	E

00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
00 FILGIPLES	OSEKS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	Λ	OR DATS OF CARD	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	.00	.000	.00	Y	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000			
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.000	.00		.00
	0	0			.00				
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	_	.00	.00	.000	.00	_	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDI	TURES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU	DEC	2002	PAGE	7,844
MOP024	FEE-FOR-SERVICE/DE		. 01120								L/17/03
MOP024 MONO COUNTY		INTAL		PARENTERAL NUTRITI		AID CO					
MONO COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	ENTAL ES FOR 61 TO	DTAL		ION	AID CO	DES		ILY AVERA	01	
	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE		ION S AV	AID CO ERAGE COST	DES M UNITS/DAY	s c	ILY AVERA	01 GE COST	L/17/03 r per
MONO COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO	TAL ICE	PARENTERAL NUTRITI	ION S AV PE	AID CO ERAGE COST R UNIT/DAY	DES M UNITS/DAY PER ELIG	S C	ILY AVERAC COST PER USER	01 GE COST ELIG	L/17/03 F PER GIBLE
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITI	ION S AV: PE:	AID CO ERAGE COST R UNIT/DAY .00	DES M UNITS/DAY PER ELIG .000	S C	ILY AVERAGOST PER USER .00	01 GE COST	I/17/03 F PER GIBLE .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITI	ION S AV. PE:	AID CO ERAGE COST R UNIT/DAY .00 .00	DES Mounts/DAY PER ELIG .000 .000	S C	ALY AVERAGE OST PER USER .00 .00	01 GE COST ELIG	1/17/03 F PER GIBLE .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITI	ON AV: PE: \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00	DES MOUNITS/DAYON PER ELIG .000 .000	S C	ULY AVERAGE OST PER USER .00 .00 .00	01 GE COST ELIG	1/17/03 F PER GIBLE .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITI	ON AV PE \$ 0 \$ 0	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000	S C	ULY AVERAGE USER .00 .00 .00 .00	01 GE COST ELIG	1/17/03 F PER SIBLE .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITICES EXPENDITURES .00 .00 .00 .00 .00	ON AV: PE:) \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000 .000	S C	ULY AVERAGE USER .00 .00 .00 .00 .00	01 GE COST ELIG	L/17/03 F PER GIBLE .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00	ON AV: PE: \$) \$)	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000 .000 .000	S C	ULY AVERAGE USER USER .00 .00 .00 .00 .00 .00	01 GE COST ELIG	L/17/03 F PER GIBLE .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	ON AV. PE. S	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S C	ULY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	1/17/03 PER GIBLE .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITION EXPENDITURES . 00 . 00 . 00 . 00 . 00 . 00 . 00 .	AV. PE. S S S S S S S S S S S S S S S S S S S	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S C	ULY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	1/17/03 PER GIBLE .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITION EXPENDITURES . 00 . 00 . 00 . 00 . 00 . 00 . 00 .	AV. PE. S S S S S S S S S S S S S S S S S S S	AID CO ERAGE COST R UNIT/DAY	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S C	ULY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST ELIG	1/17/03 PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 61 TO UITS OF SERV	TAL ICE	PARENTERAL NUTRITION EXPENDITURES . 00 . 00 . 00 . 00 . 00 . 00 . 00 .	AV. PE () () () () () () () () () () () () ()	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES MOUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S C	ULY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	1/17/03 PER GIBLE .00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,845
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

					MON'	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DEC	2002	PAGE 7,846
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

MONO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$.00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONTH	-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 7,847
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	62 IRCA ALIENS	AID CO	DES 51 52 !	56		
					MONTH	ILY AVERAG	E

MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 .000 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY .00 .000 .00 .00 0 .00 .00 .00 PATHOLOGY .00 .000 0 .00 .000 RADIOLOGY .00 .00 .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 .00 .00 .00 @STATE HOSPITAL \$.000 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	\cap		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0				.00					
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT RI	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAGE	7,848
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	A	ID CO	DES 51 52 56					
								ONTE	HLY AVERAG	SE	

					MONT	HLY AVERAGE	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 :	\$.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	.00

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,849 MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

110110 0001111	DOINIMIC OF DELIC			010 11	ID 00DD 00 00	01					
							MONTHLY AVERAGE				
264 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	160	877	\$	141,598.08	\$ 161.46	3.322	\$ 884.99	\$ 536.36			
@PHYSICIANS SERVICES	24	100	\$	4,883.56	\$ 48.84	.379	\$ 203.48	\$ 18.50			
OUTPATIENT VISITS	16	18		1,189.91	66.11	.068	74.37	4.51			
OFFICE VISITS	0	0		.00	.00	.000	.00	.00			
HOME VISITS	0	0		.00	.00	.000	.00	.00			
EMERGENCY ROOM	12	14		787.86	56.28	.053	65.66	2.98			
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	4	4		402.05	100.51	.015	100.51	1.52			
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00			
INPATIENT VISITS	1	17		570.50	33.56	.064	570.50	2.16			
HOSPITAL VISITS	1	17		570.50	33.56	.064	570.50	2.16			
CRITICAL CARE	0	0		.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00			
EXAMINATIONS	0	0		.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	6	27		2,004.29	74.23	.102	334.05	7.59			
PRINCIPAL SURGEON	1	1		1,088.56	1088.56	.004	1088.56	4.12			
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	5	26		915.73	35.22	.098	183.15	3.47			
OUTPATIENT SURGERY	2	8		239.33	29.92	.030	119.67	.91			
PRINCIPAL SURGEON	1	1		103.29	103.29	.004	103.29	.39			

ASSISTANT SURGEON	0	0		.00		.00	.000		.00			.00	
ANESTHESIOLOGIST	1	7		136.04		19.43	.027		136.04			.52	
DIALYSIS	0	0		.00		.00	.000		.00			.00	
PATHOLOGY	4	5		96.64		19.33	.019		24.16			.37	
RADIOLOGY	5	6		203.19		33.87	.023		40.64			.77	
PSYCHIATRY	0	0		.00		.00	.000		.00			.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00			.00	
OTHER SERVICES/ALL X-OVERS	4	19		579.70		30.51	.072		144.93		2	2.20	
@PHARMACY	35	76 \$		2,816.39	\$	37.06	.288	\$	80.47	\$	10	0.67	
PRESCRIPTION DRUGS	35	76		2,816.39		37.06	.288		80.47		10	0.67	
SNF/ICF	0	0		.00		.00	.000		.00			.00	
OUTPATIENTS	35	76		2,816.39		37.06	.288		80.47		10	0.67	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00			.00	
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00			.00	
ORAL SURGERY	0	0		.00		.00	.000		.00			.00	
DRUGS	0	0		.00		.00	.000		.00			.00	
ANESTHESIA	0	0		.00		.00	.000		.00			.00	
PERIODONTICS	0	0		.00		.00	.000		.00			.00	
ENDODONTICS	0	0		.00		.00	.000		.00			.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00			.00	
PROSTHETICS	0	0		.00		.00	.000		.00			.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00			.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00			.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00			.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00			.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00			.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00			.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-0	OF-PAYMENT RE	EPORT 1	FOR JAN	2002 THRU	DEC	2002	P		7 , 850	
MOP024	FEE-FOR-SERVICE/DENT	'AT.									01/	/17/03	

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

							M	CNO	THLY AVERA	GΕ	
264 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	64	261	\$	111,665.01	\$	427.84	.989	\$	1744.77	\$	422.97
HOSP INPATIENT TOTAL	13	61		106,808.08		1750.95	.231		8216.01		404.58
HSC HOSPITALS	3	20		19,435.01		971.75	.076		6478.34		73.62
NON-HSC HOSPITAL TOTAL	10	41		87 , 373.07		2131.05	.155		8737.31		330.96
ACCOMMODATIONS	10	41		21,829.20		532.42	.155		2182.92		82.69

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	41		21,829.20	532.42	.155	2182.92	82.69
ANCILLARIES	10	0		65,543.87	.00	.000	6554.39	248.27
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	200		4,856.93	24.28	.758	89.94	18.40
MEDICAL	5	5		97.50	19.50	.019	19.50	.37
SURGERY	5	6		203.98	34.00	.023	40.80	.77
PATHOLOGY	36	123		1,216.33	9.89	.466	33.79	4.61
RADIOLOGY	24	28		1,974.51	70.52	.106	82.27	7.48
ROOM USE	14	19		975.07	51.32	.072	69.65	3.69
CROSSOVERS/ALL OTH OUTPTNT	7	19		389.54	20.50	.072	55.65	1.48
@COUNTY HOSPITAL TOTAL	1	20	\$	609.17	\$ 30.46	.076	\$ 609.17	\$ 2.31
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	20		609.17	30.46	.076	609.17	2.31
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	2		45.96	22.98	.008	45.96	.17
PATHOLOGY	1	9		140.17	15.57	.034	140.17	.53
RADIOLOGY	1	1		137.86	137.86	.004	137.86	.52
ROOM USE	1	2		69.48	34.74	.008	69.48	.26
CROSSOVERS/ALL OTH OUTPTNT	1	6		215.70	35.95	.023	215.70	.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,851
MOP024	FEE-FOR-SERVICE/DENTAL	L						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO	OR 63 MI/	MN AL	IEN WITHOUT SIS AI	ID CODE 55 58	5F		
						N	MONTHLY AVERA	GE
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264 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	64	241	\$ 111,055.84	\$ 460.81	.913	\$ 1735.25	\$ 420.67
COMM HOSP INPATIENT TOTAL	13	61	106,808.08	1750.95	.231	8216.01	404.58
HSC HOSPITALS	3	20	19,435.01	971.75	.076	6478.34	73.62
NON-HSC HOSPITALS TOTAL	10	41	87,373.07	2131.05	.155	8737.31	330.96
ACCOMMODATIONS	10	41	21,829.20	532.42	.155	2182.92	82.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	41	21,829.20	532.42	.155	2182.92	82.69
ANCILLARIES	10	0	65,543.87	.00	.000	6554.39	248.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	180	4,247.76	23.60	.682	78.66	16.09
MEDICAL	5	5	97.50	19.50	.019	19.50	.37
SURGERY	4	4	158.02	39.51	.015	39.51	.60
PATHOLOGY	36	114	1,076.16	9.44	.432	29.89	4.08
RADIOLOGY	24	27	1,836.65	68.02	.102	76.53	6.96
ROOM USE	13	17	905.59	53.27	.064	69.66	3.43
CROSSOVERS/ALL OTH OUTPINT	7	13	173.84	13.37	.049	24.83	.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	59	\$	823.29	\$	13.95	.223	\$	37.42	\$	3.12
PATHOLOGY	22	59		823.29		13.95	.223		37.42		3.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	68	119	\$	14,042.48	\$	118.00	.451	\$	206.51	\$	53.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	68	119		14,042.48		118.00	.451		206.51		53.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2002	2 THRU	DEC	2002	PA	GE 7,852
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

264 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	262 \$	7,367.35	\$ 28.12	.992 \$	460.46	\$ 27.91
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	244	6,013.18	24.64	.924	1503.30	22.78
AMBULANCES/AIR TRANS	3	242	3,463.18	14.31	.917	1154.39	13.12
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.008	1275.00	9.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	11	941.00	85.55	.042	94.10	3.56
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	413.17	59.02	.027	137.72	1.57
@CALIF. CHILDREN SERVICES*	0	1CR \$	86.81CR \$	86.81	.004CR\$.00 \$.33CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,853 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
MONO COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A.	ID COD	ES 01 02			
										GE
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY		COST PER
		OR DAYS					UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00
OFFICE VISITS	0		0		.00		.00	.000	.00	.00
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	0		0		.00		.00	.000	.00	.00
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00	.00
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	0		0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00	.00
ORAL SURGERY	0		0		.00		.00	.000	.00	.00
DRUGS	0		0		.00		.00	.000	.00	.00
ANESTHESIA	0		0		.00		.00	.000	.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	7,854
MOP024	FEE-FOR-SERVICE/DE	ENTAL						0	1/17/03
MONO COUNTY	SUMMARY OF SERVICE	ES FOR 64 REFU	GEES	AI	D CODES 01 02	08			
							THLY AVERA	GE	
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		NITS OF SERVICE OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COS	GIBLE
@OPTOMETRIST				.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COS	GIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED				.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES				.00 .00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			\$.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COS ELI	GIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR				.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COS ELI	GIBLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00		00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		00
HSC HOSPITALS	0	0		.00	.00	.000	.00	. (00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	. (00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	. (00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	. (00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	. (00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	. (00
ANCILLARIES	0	0		.00	.00	.000	.00	. (00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	. (00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	. (00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		00
MEDICAL	0	0		.00	.00	.000	.00		00
SURGERY	Û	0		.00	.00	.000	.00		00
PATHOLOGY	0	0		.00	.00	.000	.00		00
RADIOLOGY	0	0		.00	.00	.000	.00		00
ROOM USE	0	0		.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		00
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	\$.00	.000			00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	.00	.000	.00		00
HSC HOSPITALS	0	0		.00	.00	.000	.00		00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		00
	0	0		.00		.000	.00		00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		00
	0	0		.00		.000	.00		00
ALL OTHER ACCOM	0	0			.00				00
ANCILLARIES	0	0		.00	.00	.000	.00		00
INPATIENT CROSSOVERS	0	0			.00	.000			
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		00
MEDICAL	U	0		.00	.00	.000	.00		00
SURGERY	U	Ü		.00	.00	.000	.00		00
PATHOLOGY	0	0		.00	.00	.000	.00		00
RADIOLOGY	U	Ü		.00	.00	.000	.00		00
ROOM USE	0	0		.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 7,	
MOP024	FEE-FOR-SERVICE							01/17	7/03
MONO COUNTY	SUMMARY OF SERVI	ICES FOR 64 REFU	IGEES	A.	ID CODES 01 02				
							ONTHLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PE	
_		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBI	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		•	00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	. (00

					11011	11111 1 11V 111/1/	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

BONGEN	O	O		• 0 0		• 0 0	.000	.00		• 0 0
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINI	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$		\$.00	.000 \$.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	.00	Ψ	.00
DEVELOP. DISABLED	0	0						.00		
	0		<u> </u>	.00	<u> </u>	.00	.000		<u> </u>	.00
@NURSING FACILITY	U	0	\$.00	\$.00	.000 \$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$		\$.00	.000	.00	ċ	.00
-	0	0	Ą		Ą				Ş	
HOSPITAL BASED	U			.00		.00	.000	.00		.00
INDEPENDENT FACILITY	U	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	U	0	Ş		\$.00	.000 \$.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		\$.00	.000 \$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 20	002 THRU DEC	2002	PA	GE 7,856
MOP024	FEE-FOR-SERVICE									01/17/03
MONO COUNTY		ICES FOR 64 REFU	IGEES	A	ID COL	DES 01 02 0	8 (
							MONT	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVEE					OST PER
00 HE101BEB	00210	OR DAYS OF CARE				UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	010 27112 01 07102	\$.00	\$.00	.000 \$.00		
DURABLE MED. EQUIP.	0	0	Y	.00	٧	.00	.000	.00	Y	.00
-	0	0								
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	-			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
- 1/00 THE TTO T \ OLV THO TTO TO	O	U		.00		. 00	.000	.00		. 00

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PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 7,857

01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

MONO COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-FI	SDERAL	AID CODES UM	UN		
					MON'	THLY AVERAC	SE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8	21 \$	2,294.73	\$ 109.27	3.500 \$	286.84	\$ 382.46
@PHYSICIANS SERVICES	1	1 \$	70.11	\$ 70.11	.167 \$	70.11	\$ 11.69
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	70.11	70.11	.167	70.11	11.69
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	9 \$	825.92	\$ 91.77	1.500 \$	137.65	
PRESCRIPTION DRUGS	6	9	825.92	91.77	1.500	137.65	137.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6	9	825.92	91.77	1.500	137.65	137.65

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0		0	Υ	.00	Υ	.00	.000	Ψ	.00	Υ	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00			.00		
ORTHODONTIC SERVICES			0					.000				.00
ALL OTHER SERVICES	0	IC AND EVEN	0	TO MONITH O	.00		.00	.000	חחמ	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		NDITURE	ES MONTH-O	F-PAYMENT RE	EPORT	FOR JAN 2	UUZ THRU	DEC	2002	Ρ.	AGE 7,858
MOP024	FEE-FOR-SERVICE/		- DOOM!	D DDDD31		7. T.D.	CODEC OM	037				01/17/03
MONO COUNTY	SUMMARY OF SERVI	CES FOR 65	BCCTI	P-FEDERAL		AID	CODES 0M		ONTEST.		C.E.	
06 51 1615156	110770				DELID TELIDE 0	3		M				
06 ELIGIBLES	USERS	UNITS OF SE		EX	PENDITURES		RAGE COST			COST PER		COST PER
O O DEFONDED TOE	0	OR DAYS OF		Ó	0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	•	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ş		\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0	•	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	1		1	Ş	24.86	\$	24.86	.167	\$	24.86	\$	4.14
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
TNDAMTENM CDOCCOVEDC	0		^		0.0		0.0	000		0.0		0.0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

0

1

0

0

0

1

0

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1

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24.86

24.86

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.00

.00

.00

.00

4.14

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ō	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,859
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-FE	DERAL	AID CODES OM	ON		
					MONT	THLY AVERAG	GE
06 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY:	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	24.86	\$ 24.86	.167 \$	24.86	\$ 4.14
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		24.86		24.86	.167		24.86		4.14
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.86		24.86	.167		24.86		4.14
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		ċ			ć		ċ	
@STATE HOSPITAL	U	•	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	\$		\$.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0							.00		
HEMODIALYSIS CENTER	0	0	~	.00	<u> </u>	.00	.000	<u> </u>		<u> </u>	.00
@REHABILITATION FACILITY	U	•	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	10	\$	1,373.84	\$	137.38	1.667	\$	274.77	\$	228.97
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	10		1,373.84		137.38	1.667		274.77		228.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PI	AGE 7,860
MOP024	FEE-FOR-SERVICE/		_								01/17/03
MONO COUNTY	SUMMARY OF SERVI		тр-г	EDERAL	ATD	CODES 0M	ON				01/1//00
110110 000111		obb for to boo			1111	CODED OII	N	ONTE	HLY AVERA	GE -	
06 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	711E.	RAGE COST			COST PER	-	COST PER
00 EHIGIDHES	OSEKS	OR DAYS OF CAR		EXIENDITORES		UNIT/DAY	PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CAR	\$	0.0	\$.00				\$	
•			Ą	.00	Ą		.000	Ş		Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
CENEMIC DICEAGE MECMING	0	^		0.0		$\cap \cap$	000		0.0		0.0

GENETIC DISEASE TESTING

.00

.00

.000

.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,861
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	>	.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-C	F-PAYMENT REP	ORT FOR JAN	2002 THRU I	DEC 2002	PAGE 7,862
MOP024	FEE-FOR-SERVICE/DENTA	.L						01/17/03

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

MONO COUNTY

MONO COUNTI	SOMMANI OF SERVICE	S FUR UU DCCI.	-SIMI	E-ONLI	AID	CODE2 OF	UI				
							MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS UI	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ō	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
	0	ŭ			.000		
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ō	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MO					PAGE 7,863
MOP024	FEE-FOR-SERVICE		NIII OF TAIMENT IN	HORT FOR OAN 2	.002 IIIKO DEC	2002	01/17/03
			TE_ONI V	VID CODES UD	ОТ		01/1//03
MONO COUNTY	SUMMARY OF SERV		TE-ONLY	AID CODES OR		V VIII	
MONO COUNTY	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA			MONT		GE
		ICES FOR 66 BCCTP-STA UNITS OF SERVICE	TE-ONLY EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER
MONO COUNTY 00 ELIGIBLES	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0 0 0	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	ICES FOR 66 BCCTP-STA UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OO O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVENCE OF SERVENC	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OO O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O 0 O 0 O 0 O 0 O 0 O 0 O 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-SUBACUTE FREESTANDING

LEV B-REHAB MD

0

0

.00

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TELL D. CHIDACHER HODEL DAGED	0	0	0.0	0.0	000	0.0	0.0
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC		PORT FOR JAN 2		2002	PAGE 7,864
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONO COUNTY	SUMMARY OF SERVICES FO		ATE-ONLY	AID CODES OR	ОТ		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
**		YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
1122101111 11411101 0111111111011	•	•	• 0 0	• 0 0	• 0 0 0	• • • •	• • •

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $\ensuremath{ @^{*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,865
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MON	THLY AVERAG	F
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 EHIGIBLES	OPEND	OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	Q	21 \$	2,294.73	\$ 109.27	3.500 \$		\$ 382.46
@PHYSICIANS SERVICES	1	2± ¥ 1 ¢	70.11	\$ 70.11	.167 \$		\$ 11.69
OUTPATIENT VISITS	<u> </u>	U A	.00	.00	.000	.00	.00
	0	0					
OFFICE VISITS	U	U	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	70.11	70.11	.167	70.11	11.69
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	9 \$	825.92	\$ 91.77	1.500	\$ 137.65	\$ 137.65
PRESCRIPTION DRUGS	6	9	825.92	91.77	1.500	137.65	137.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6	9	825.92	91.77	1.500	137.65	137.65
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,866

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 06 ELIGIBLES UNITS OF SERVICE USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 .000 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .00 0 EYE APPLIANCES .00 .00 .00 0 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 OTHER 0 .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 .000 \$ NURSE ANESTHESIST .00 \$.00 .00 \$.00 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$ 0 .00 .00 FAMILY NURSE PRACTITIONER .000 \$.00 \$.00 24.86 24.86 @TOTAL HOSPITAL .167 \$ 24.86 \$ 4.14 .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	(0			.00		.00	.00)	.00		.00
TRANSITIONAL IP CARE	0	(0			.00		.00	.00	С	.00		.00
ALL OTHER ACCOM	0	(0			.00		.00	.00	C	.00		.00
ANCILLARIES	0	(0			.00		.00	.00	C	.00		.00
INPATIENT CROSSOVERS	0	(0			.00		.00	.00	С	.00		.00
ALL OTHER INPATIENT	0	(0			.00		.00	.00	C	.00		.00
HOSP OUTPATIENT TOTAL	1		1			24.86		24.86	.16	7	24.86		4.14
MEDICAL	0	(0			.00		.00	.00	С	.00		.00
SURGERY	0	(0			.00		.00	.00	C	.00		.00
PATHOLOGY	1		1			24.86		24.86	.16	7	24.86		4.14
RADIOLOGY	0	(0			.00		.00	.00	C	.00		.00
ROOM USE	0	(0			.00		.00	.00	C	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(0			.00		.00	.00	C	.00		.00
@COUNTY HOSPITAL TOTAL	0	(0	\$.00	\$.00	.00) :	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	(0			.00		.00	.00	C	.00		.00
HSC HOSPITALS	0	(0			.00		.00	.00	C	.00		.00
NON-HSC HOSPITALS TOTAL	0	(0			.00		.00	.00	C	.00		.00
ACCOMMODATIONS	0	(0			.00		.00	.00	C	.00		.00
ADMINISTRATIVE DAYS	0	(0			.00		.00	.00	C	.00		.00
TRANSITIONAL IP CARE	0	(0			.00		.00	.00	C	.00		.00
ALL OTHER ACCOM	0	(0			.00		.00	.00	C	.00		.00
ANCILLARIES	0	(0			.00		.00	.00	С	.00		.00
INPATIENT CROSSOVERS	0	(0			.00		.00	.00	C	.00		.00
ALL OTHER INPATIENT	0	(0			.00		.00	.00	C	.00		.00
CO HOSP OUTPATIENT TOTAL	0	(0			.00		.00	.00	C	.00		.00
MEDICAL	0	(0			.00		.00	.00	С	.00		.00
SURGERY	0	(0			.00		.00	.00	C	.00		.00
PATHOLOGY	0	(0			.00		.00	.00	C	.00		.00
RADIOLOGY	0	(0			.00		.00	.00	C	.00		.00
ROOM USE	0	(0			.00		.00	.00	C	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(0			.00		.00	.00	C	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	KPEND:	ITUR	ES MON	TH-OF-	-PAYMENT RE	PORT	FOR JAN	2002 THR	J DI	EC 2002	PAG:	Ξ 7 , 867
MOP024	FEE-FOR-SERVICE/DENTAL												01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	67 1	всст	P-TOTA	.L								
										MOI	NTHLY AVERA	GE	

				M	JNTHLY AVERA	4GE	
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY:	S COST PER		COST PER
	OR DAYS OF CARE		PER UNIT/I	AY PER ELIG	USER		ELIGIBLE
1	1	\$ 24.86	\$ 24.86	.167	\$ 24.86	\$	4.14
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
1	1	24.86	24.86	.167	24.86		4.14
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
1	1	24.86	24.86	.167	24.86		4.14
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 1 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0		OR DAYS OF CARE 1	OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 1 1 \$ 24.86 \$ 24.86 .167 0 0 .00 .00 .00 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY COST PER PER UNIT/DAY COST PER UNIT/DAY PER ELIG PER UNIT/DAY USER 1 1 \$ 24.86 \$ 24.86 167 \$ 24.86 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 </td <td> USERS</td>	USERS

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	10	\$	1,373.84	\$	137.38	1.667	\$	274.77	\$	228.97
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	10		1,373.84		137.38	1.667		274.77		228.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 7,868
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/17/03

----- MONTHLY AVERAGE -----06 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER **USERS** EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 0 @ALL OTHER PROVIDERS 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

MONO COUNTY

LOCAL EDUCATION AGENCIES	Ω	0	.00	.00	.000	.00	0.0
	0	0					.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
8							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,869 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY	SUMMARY OF SERV	/ICES FOR	68 QMB	- ONLY		AID CO	ODE		
							MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	т	.00	7	.00	.000	4	.00	7	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DRUGS ANESTHESIA	0	0		.00			.000		.00		
	0	0				.00					.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0				.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ü	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ü	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
		CES AND EXPENDITUR	ES MONI	TH-OF-PAYMENT RE	PORT	FOR JAN 2	002 THRU	DEC	2002	Ρ.	AGE 7,870
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY	SUMMARY OF SERV	JICES FOR 68 QMB	- ONLY			AID CO					
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		5	COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF CARE		0.0		UNIT/DAY	_		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

				+ 00			
FAMILY NURSE PRACTITIONER	U		.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	U		\$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		· ·	.00 S MONTH-OF-PAYMENT R				PAGE 7,871
MOP024	FEE-FOR-SERVICE/		S MONTH OF EATMENT N	CELOIKI FOIX OAIN	ZUUZ IIIKU DE	2002	01/17/03
MONO COUNTY		CES FOR 68 OMB -	ONLY	AID (CODE		01/11/03
PIONO COUNTI	SOUTHAIN OF SERVI	CED FOR 00 OMB -	OIVIII	AID (MON	יעמבוע אוופטיי	FE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMEDACE COCO		COST PER	COST PER
AA ETIGIDHES	USEKS	OD DAVE OF CARE	EVLENDIIOKE2	AVERAGE COS		COSI PER	CUSI PER

				MON'	THLY AVERAG	·
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 0	OR DAYS OF CARE OR DAYS OF CARE OSS .00 \$.00 OSS .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 \$ 0 0 .00 .00 .00 .00 \$ 0 0 .00 <	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE O

11111011001	O		0		.00	,	• 0 0	.000		.00		• 0 0
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00)	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00)	.00	.000		.00		.00
XO AND OTHERS	0		0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0		0		.00)	.00	.000		.00		.00
SURGICENTER	0		0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		INDITUR	ES MONT	H-OF-PAYMENT	REPOR	T FOR JAN 2	002 THRU	DEC	2002		7 , 872
MOP024	FEE-FOR-SERVICE	/DENTAL									0.	1/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 6	8 QMB	- ONLY			AID CO	DE				
										HLY AVERAC		
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		ERAGE COST					I PER
		OR DAYS C		_			R UNIT/DAY			USER		GIBLE
@ALL OTHER PROVIDERS	0		0	\$.00		.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00	J	.00	.000		.00		.00

0

.00

.000

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.00

.00

0

SURGERY

PATHOLOGY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 7,873

01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

MONO COUNTY	SUMMARY OF SER	VICES FOR 69 133% PROGRA	AM A.	ID CODES /2 /4			
					MON	_	
327 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	108	511 \$	19,057.38	\$ 37.29	1.563 \$		•
@PHYSICIANS SERVICES	25	44 \$	2,350.49	\$ 53.42	.135 \$	94.02	\$ 7.19
OUTPATIENT VISITS	21	27	896.65	33.21	.083	42.70	2.74
OFFICE VISITS	14	18	611.22	33.96	.055	43.66	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	9	285.43	31.71	.028	40.78	.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	27.00	27.00	.003	27.00	.08
EXAMINATIONS	1	1	27.00	27.00	.003	27.00	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	727.54	145.51	.015	242.51	2.22
PRINCIPAL SURGEON	2	2	622.18	311.09	.006	311.09	1.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.009	105.36	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.11	2.11	.003	2.11	.01
RADIOLOGY	1	1	275.00	275.00	.003	275.00	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	9	422.19	46.91	.028	140.73	1.29
@PHARMACY	25	34 \$	457.96	\$ 13.47	.104 \$	18.32	\$ 1.40
PRESCRIPTION DRUGS	25	34	457.96	13.47	.104	18.32	1.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	25	34	457.96	13.47	.104	18.32	1.40

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	2	3	\$ 155.00	\$	51.67	.009	\$ 77.50	\$.47
VISITS - DIAGNOSTIC	1	2	35.00		17.50	.006	35.00		.11
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.00		120.00	.003	120.00		.37
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
					TOD TANK	2002 MIIDII E		_	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	S MONTH-OF-PAYMENT F	KEPORT	FOR JAN 2	2002 THRU L	EC 2002	Ŀ	PAGE 7,874
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES A FEE-FOR-SERVICE/DEN		S MONTH-OF-PAYMENT F	(EPORT	FOR JAN 2	ZUUZ THRU L	EC 2002	E	01/17/03
		NTAL			FOR JAN 2 DES 72 74		DEC 2002	E	
MOP024	FEE-FOR-SERVICE/DEN	NTAL				8N	OEC 2002 ONTHLY AVER		
MOP024	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES	NTAL		ID COD	DES 72 74	8N	NTHLY AVER	AGE	
MOP024 MONO COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133%	PROGRAM A	AVER	DES 72 74	8N MC	NTHLY AVER	AGE	01/17/03
MOP024 MONO COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A	AVER	DES 72 74	8N MC UNITS/DAYS	NTHLY AVER COST PER USER	AGE	01/17/03 COST PER
MOP024 MONO COUNTY 327 ELIGIBLES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A	AID COD AVER PER	DES 72 74 RAGE COST UNIT/DAY	8N MC UNITS/DAYS PER ELIG	NTHLY AVER COST PER USER	AGE \$	01/17/03 COST PER ELIGIBLE
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$.00	AID COD AVER PER	DES 72 74 RAGE COST UNIT/DAY .00	8N MC UNITS/DAYS PER ELIG .000	NTHLY AVER COST PER USER \$.00	AGE \$	01/17/03 COST PER ELIGIBLE .00
MOP024 MONO COUNTY 327 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$.00 .00	AID COD AVER PER	RAGE COST UNIT/DAY .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000	ONTHLY AVER COST PER USER \$.00	AGE \$	01/17/03 COST PER ELIGIBLE .00 .00
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$.00 .00 .00	AID COD AVER PER	RAGE COST UNIT/DAY .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY AVER COST PER USER .00 .00	AGE \$	01/17/03 COST PER ELIGIBLE .00 .00
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$.00 .00 .00 .00	AID COE AVEF PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY AVER COST PER USER \$.00 .00 .00	AGE \$	01/17/03 COST PER ELIGIBLE .00 .00 .00
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$.00 .00 .00 .00 \$.00	AID COE AVEF PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY AVER COST PER USER \$.00 .00 .00 .00 \$.00	AGE \$	01/17/03
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$.00 .00 .00 \$.00 \$.00	AID COE AVEF PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTHLY AVER COST PER USER \$.00 .00 .00 .00 \$.00	AGE \$	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$.00 .00 .00 \$.00 \$.00 .00 .00	AVEF PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTHLY AVER COST PER USER \$.00 .00 .00 .00 \$.00	AGE \$ \$	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 MONO COUNTY 327 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00	AVEF PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY AVER COST PER USER \$.00 .00 .00 .00 \$.00 .00 \$.00	AGE \$ \$	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
NURSE ANESTHESIST	1	7	\$	115.93	\$	16.56	.021	\$	115.93	\$.35
NURSE MIDWIFE	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۲	.00	\$.00	.000	\$		\$.00
	0	0	ې د		۶ \$					۶ \$	
FAMILY NURSE PRACTITIONER	•		ې د	.00	ې د	.00		\$.00
@TOTAL HOSPITAL	17	55	Ş	2,703.13	Þ	49.15	.168	Þ	159.01	Ş	8.27
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	55		2,703.13		49.15	.168		159.01		8.27
MEDICAL	3	4		106.56		26.64	.012		35.52		.33
SURGERY	2	2		181.67		90.84	.006		90.84		.56
PATHOLOGY	4	10		104.81		10.48	.031		26.20		.32
RADIOLOGY	4	5		1,212.03		242.41	.015		303.01		3.71
ROOM USE	15	19		918.34		48.33	.058		61.22		2.81
CROSSOVERS/ALL OTH OUTPINT	11	15		179.72		11.98	.046		16.34		.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т.	.00	.000	т.	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00			.00		.00
INPATIENT CROSSOVERS	0	0					.000				
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ü	U		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPOR'	r for jan 2	2002 THRU	DEC	2002	PA	AGE 7,875
MOP024	FEE-FOR-SERVICE										01/17/03
MONO COUNTY	SUMMARY OF SERV	/ICES FOR 69 133%	PRO	GRAM A	ID C	ODES 72 74	8N				
							M	ONT	HLY AVERA	GE -	
327 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S (COST PER	C	COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	55	\$	2,703.13	\$	49.15	.168	\$	159.01	\$	8.27
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
7 CCOMMOD 7 ELLONG	0	0		0.0		0.0	000		0.0		0.0

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ACCOMMODATIONS

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	55		2,703.13		49.15	.168		159.01		8.27
MEDICAL	3	4		106.56		26.64	.012		35.52		.33
SURGERY	2	2		181.67		90.84	.006		90.84		.56
PATHOLOGY	4	10		104.81		10.48	.031		26.20		.32
RADIOLOGY	4	5		1,212.03		242.41	.015		303.01		3.71
ROOM USE	15	19		918.34		48.33	.058		61.22		2.81
CROSSOVERS/ALL OTH OUTPINT	11	15		179.72		11.98	.046		16.34		.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Τ	.00	т	.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000	Ċ	.00	Ċ	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	Ś	.00	\$.00	.000	Ċ	.00	ċ	.00
PATHOLOGY	0	0	۲	.00	۲	.00	.000	ې	.00	۲	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	62	87	Ś	10,669.03	\$	122.63	.266	Ċ	172.08	ċ	32.63
CLINIC CLINIC	0	0	۲	.00	۲	.00	.000	ې	.00	۲	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	62	87		10,669.03		122.63	.266		172.08		32.63
#CALIF DEPT OF HEALTH SERV			ו סבת	10,669.03 MONTH-OF-PAYMENT F				DEC		Ъ	
MOP024			KES P	MONIH-OF-PAIMENI R	(EPORI	. FOR JAN 20	002 IRKU	DEC	2002	P.	AGE 7,876 01/17/03
MONO COUNTY	FEE-FOR-SERVICE	I/DENTAL ICES FOR 69 133	00 DDC		TD CC	DES 72 74 8) 3.7				01/1//03
MONO COUNTI	SUMMAKI OF SEKV	TOES FOR 09 133) TRU	JGRAM P	TID CC				HLY AVERA	CF	
327 ELIGIBLES	USERS	UNITS OF SERVIC	·c	EXPENDITURES	7/1/2	- RAGE COST U					COST PER
OS / ETIGIDIDO	CALCO			EVEFINDI I OKE?		RAGE COST O			USER		ELIGIBLE
ANTI OMITED DEOLITEDO	7	OR DAYS OF CAP		2 605 84					USEK 272 26		

@ALL OTHER PROVIDERS 7 281 2,605.84 9.27 .859 \$ 372.26 \$ 7.97 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 8.86 .798 MEDICAL TRANSPORTATION 261 2,311.25 2311.25 7.07 AMBULANCES/AIR TRANS 261 2,311.25 8.86 .798 2311.25 7.07 .00 0 0 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	0	0	.00	.00	.000		.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	2	3	113.32	37.77	.009		6.66	.35
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	4	17	181.27	10.66	.052	4	15.32	.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 182.04	\$ 45.51	.012	\$ 9	91.02	\$.56
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONO COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----113 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 218.93 \$ @TOTAL, ALL PROVIDERS 89 5,911.02 66.42 .788 \$ 52.31 @PHYSICIANS SERVICES 9 15 560.32 37.35 .133 \$ 62.26 \$ 4.96 7 225.19 28.15 .071 32.17 OUTPATIENT VISITS 1.99 156.21 26.04 31.24 OFFICE VISITS .053 1.38 HOME VISITS .00 .00 .000 .00 .00 68.98 EMERGENCY ROOM 34.49 .018 34.49 .61 .00 PREVENTIVE CARE .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT INPATIENT VISITS 28.07 28.07 .009 28.07 .25 HOSPITAL VISITS 28.07 28.07 .009 28.07 .25 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 247.42 82.47 .027 123.71 2.19 247.42 82.47 .027 123.71 PRINCIPAL SURGEON 2.19 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY 9.64 4.82 .018 9.64 .09 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1	1	50.00	50.00	.009	50.00		.44
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	12	34 \$	3,249.95	\$ 95.59	.301	\$ 270.83	\$	28.76
PRESCRIPTION DRUGS	12	34	3,249.95	95.59	.301	270.83		28.76
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	12	34	3,249.95	95.59	.301	270.83		28.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	7,878
MOP024	FEE-FOR-SERVICE/DENTA	L					0	1/17/03

AID CODES 7A 7C 8R

SUMMARY OF SERVICES FOR 70 100% PROGRAM

MONO COUNTY

----- MONTHLY AVERAGE -----113 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 \$.00 .00 .000 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 .000 NURSE MIDWIFE .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 429.37 26.84 143.12 @TOTAL HOSPITAL 16 .142 \$ 3.80 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	3	16		429.37		26.84	.142	143.12		3.80
MEDICAL	2	2		74.07		37.04	.018	37.04		.66
SURGERY	0	0		5.32		.00	.000	.00		.05
PATHOLOGY	3	9		116.25		12.92	.080	38.75		1.03
RADIOLOGY	1	1		88.24		88.24	.009	88.24		.78
ROOM USE	2	2		124.62		62.31	.018	62.31		1.10
CROSSOVERS/ALL OTH OUTPTNT	1	2		20.87		10.44	.018	20.87		.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU 1	DEC 2002	_	E 7,879
MOP024	FEE-FOR-SERVICE	,								01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 70 100%	PROC	GRAM AI	ID COL	DES 7A 7C				
								ONTHLY AVERA		
113 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		ST PER
_		OR DAYS OF CARE					PER ELIG			IGIBLE
@COMMUNITY HOSPITAL TOTAL	3	16	\$	429.37	\$	26.84	.142	\$ 143.12	\$	3.80

COMM HOSP INPATIENT TOTAL	0		0		.00		.00		.000		.00		.00
HSC HOSPITALS	0		0		.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00		.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00		.000		.00		.00
	0		0										
ALL OTHER ACCOM	U		0		.00		.00		.000		.00		.00
ANCILLARIES	0		0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	1	. 6		429.37		26.84		.142		143.12		3.80
MEDICAL	2		2		74.07		37.04		.018		37.04		.66
SURGERY	0		0		5.32		.00		.000		.00		.05
PATHOLOGY	3		9		116.25		12.92		.080		38.75		1.03
RADIOLOGY	1		1		88.24		88.24		.009		88.24		.78
ROOM USE	2		2		124.62		62.31		.018		62.31		1.10
CROSSOVERS/ALL OTH OUTPTNT	1		2		20.87		10.44		.018		20.87		.18
@STATE HOSPITAL	0		0	\$		\$				\$.00	ċ	
-	0			Ş	.00	Ą	.00		.000	Ş		Ą	.00
MENTALLY ILL	•		0		.00		.00		.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00		.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00		.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00		.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00		.000		.00		.00
LEV B-REGULAR	0		0		.00		.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0		0	т	.00	Τ	.00		.000	Τ.	.00	т	.00
ICF DD	0		0		.00		.00		.000		.00		.00
	0		0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0			Ċ		Ċ				Ċ		Ċ	
@HEMODIALYSIS TOTAL	U		0	\$.00	\$.00		.000	\$		\$.00
HOSPITAL BASED	Ü		0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00		.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00		.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00		.000		.00		.00
XO AND OTHERS	0		0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	1	.3	\$	1,576.68	\$	121.28		.115	\$	175.19	\$	13.95
CLINIC	0		0		.00		.00		.000		.00		.00
SURGICENTER	0		0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00		.000		.00		.00
	9		.3		1,576.68		121.28		.115		175.19		13.95
RURAL HEALTH CLINIC				IC MONTH	•					DEG		_	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		TTUKE	S MONTE	H-OF-PAYMENT RE	EPOR.	r for Jan 2	2002 1	THRU	DEC	2002	Ρ.	AGE 7,880
MOP024	FEE-FOR-SERVICE		1000			~.		0-					01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR /0	100%	PROGRAI	М А.	ID CO	DDES /A /C					~-	
110											HLY AVERA	-	
113 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES								COST PER
_		OR DAYS OF					R UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	4			\$	94.70	\$	8.61		.097	\$	23.68	\$.84
DURABLE MED. EQUIP.	0		0		.00		.00		.000		.00		.00
BLOOD BANK	0		0		.00		.00		.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		.000		.00		.00

MEDICAL TRANSPORTATION

.00

.00

.000

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	11	94.70	8.61	.097	23.68	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,881 MOPO COUNTY PEGNANT AID CODES 7F

					MO	NTHLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	116	233	\$ 21,300.08	\$ 91.42	.000	\$ 183.62	\$.00
@PHYSICIANS SERVICES	4	5	\$ 244.98	\$ 49.00	.000	\$ 61.25	\$.00
OUTPATIENT VISITS	2	3	226.75	75.58	.000	113.38	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	226.75	75.58	.000	113.38	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	2	18.23	9.12	.000	9.12		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	3	3 \$	44.09	\$ 14.70	.000	\$ 14.70	\$.00
PRESCRIPTION DRUGS	3	3	44.09	14.70	.000	14.70		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	3	3	44.09	14.70	.000	14.70		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	7,882

MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

ACCOMMODATIONS

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .000 .00 .00 0 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .00 \$.00 .000 \$ NURSE ANESTHESIST .00 \$.00 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 .00 23 32 57.61 80.15 @TOTAL HOSPITAL 1,843.49 .000 \$.00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00

.00

.00

.000

.00

01/17/03

ADMINISTRATIVE DAYS	U	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	23	32					.00
HOSP OUTPATIENT TOTAL			1,843.49	57.61	.000	80.15	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	4	4	175.60	43.90	.000	43.90	.00
PATHOLOGY	7	9	167.02	18.56	.000	23.86	.00
RADIOLOGY	17	18	1,467.64	81.54	.000	86.33	.00
ROOM USE	1	1	33.23	33.23	.000	33.23	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0						
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
	0 0 0	0 0 0					
ROOM USE CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	0 ES AND EXPENDITURES MON	.00	.00	.000	.00	.00 .00 PAGE 7,883
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	0 ES AND EXPENDITURES MON DENTAL	.00 .00 NTH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 2002 THRU DE	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	0 ES AND EXPENDITURES MON	.00 .00 NTH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 2002 THRU DE	.00 .00	.00 .00 PAGE 7,883 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2	.000 .000 2002 THRU DE	.00 .00 C 2002	.00 .00 PAGE 7,883 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST	.000 .000 2002 THRU DE 7F MON' UNITS/DAYS	.00 .00 C 2002 THLY AVERAG	.00 .00 PAGE 7,883 01/17/03 GE COST PER
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	.000 .000 2002 THRU DE 7F MON' UNITS/DAYS PER ELIG	.00 .00 C 2002 THLY AVERAGE COST PER USER	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61	.000 .000 2002 THRU DEC 7F MON' UNITS/DAYS PER ELIG .000 \$.00 .00 C 2002 THLY AVERAC COST PER USER 80.15	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00	.000 .000 2002 THRU DE 7F MON' UNITS/DAYS PER ELIG	.00 .00 C 2002 THLY AVERAGE COST PER USER	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	0 ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61	.000 .000 2002 THRU DEC 7F MON' UNITS/DAYS PER ELIG .000 \$.00 .00 C 2002 THLY AVERAC COST PER USER 80.15	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00	.000 .000 2002 THRU DEC 7F MON UNITS/DAYS PER ELIG .000 \$.00 .00 C 2002 THLY AVERAGE COST PER USER 80.15 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 23 0 0	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00	.000 .000 2002 THRU DEC 7F MON UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 C 2002 THLY AVERAC COST PER USER 80.15 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 23 0 0 0 0	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00	.000 .000 2002 THRU DEC 7F MON UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 C 2002 THLY AVERAC COST PER USER 80.15 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 23 0 0 0 0	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00	.000 .000 .000 THRU DEC 7F MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 C 2002 THLY AVERAC COST PER USER 80.15 .00 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 23 0 0 0 0	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00	.000 .000 .000 THRU DEC 7F MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 C 2002 THLY AVERAGE COST PER USER 80.15 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 23 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES MON DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0 0 0 0 0 0 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00	.000 .000 .000 THRU DE 7F MON' UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	.00 .00 C 2002 THLY AVERAC COST PER USER 80.15 .00 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 23 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00 .00	.000 .000 .000 THRU DE 7F MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	.00 .00 C 2002 THLY AVERAGE COST PER USER 80.15 .00 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 23 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 C 2002 THLY AVERAGE OST PER USER 80.15 .00 .00 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 23 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 C 2002 THLY AVERAGE OST PER USER 80.15 .00 .00 .00 .00	.00 .00 PAGE 7,883 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MONO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF	O ES AND EXPENDITURES MON / DENTAL ICES FOR 71 PRESUMP EI UNITS OF SERVICE OR DAYS OF CARE 32 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 NTH-OF-PAYMENT RE LIGIBILITY-PREGNA EXPENDITURES 1,843.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 57.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 THRU DEC	.00 .00 .00 C 2002 THLY AVERAGE COST PER USER 80.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 7,883 .01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS

0

0

.00

.00

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.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	35	65	\$	1,468.00	\$	22.58	.000	\$	41.94	\$.00
PATHOLOGY	35	65		1,468.00		22.58	.000		41.94		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	78	120	\$	16,922.52	\$	141.02	.000	\$	216.96	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	78	120		16,922.52		141.02	.000		216.96		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU 1	DEC	2002	PAGE	7 , 884
MOP024	FEE-FOR-SERVICE/DENTAL									0.7	1/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	R 71 PRE	ESUMP	ELIGIBILITY-PREGNA	TNA	AID CODES 7					
						-	Mo	ONT	HLY AVERA	GE	

00 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	8 \$	777.00	\$ 97.13	.000 \$	97.13 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	777.00	97.13	.000	97.13	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
• 1	U 0 c a cedadan	U \$ 0 \$ THEODMATTON THEM ONLY:			·		

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,885
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

110110 0001111	DOIMMING OF DELICE	TODD TOIL	, 2 11001	01111	TODELLOOPED TILOC	3142111	.110 0	000				
								M	HTMC	LY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY	S C	OST PER		COST PER
		OR DAYS	OF CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00			
ASSISTANT SURGEON	U	U	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF	0	-	.00	.00	.000	.00	.00
OUTPATIENTS	U	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0					.00
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,886
MOP024	FEE-FOR-SERVICE						01/17/03
MONO COUNTY		ICES FOR 72 MEDI-CAL	THREECHLOSIS PROGR	RAM AID CO	DE		01/1//00
HONO COONII	SOPPARIO OF SERV	ICES FOR 72 MEDI CAL	TOBERCOHOSIS TROOP	IVAIT AID CC	MONTH	IV MUEDACE	7
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		LI AVERAGE OST PER	COST PER
00 ETIGIPTE2	USERS		EXPENDITURES				
0.0000000000000000000000000000000000000		OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$		\$.00	.000 \$.00 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.000	.00	.00
	0			.00			
RADIO./PATHOLOGY	U	0	.00	.00	.000	.00	.00
OTHER	U	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00 \$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,887
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/17/03
MONO COUNTY	SUMMARY OF SER	VICES FOR 72 MEDI-CAL	TUBERCULOSIS PROC	GRAM AID CO	DE		
					MON	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
	0	0		.00			
NON-HSC HOSPITALS TOTAL	•	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Õ	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
111111111111111111111111111111111111111	J	9	.00	• 0 0	• 0 0 0	• • • •	• 0 0

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					.00
CROSSOVERS/ALL OTH OUTPTNT	0	•	.00	.00	.000	.00	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
LEV B-SUBACUTE HSPTL BASED	0		.00	.00	.000		
LEV B-TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0						
HEMODIALYSIS CENTER	U	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	Û	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
-	0	0 7					·
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	U	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 7,888
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
MONO COUNTY	SUMMARY OF SERVIC	ES FOR 72 MEDI-CAL T	UBERCULOSIS PROGE	RAM AID CO	DDE		
					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EHIGIDHES		OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
GALL OWNED DDOMIDEDC			0.0				
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ö	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL BURDADICE	U						
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST OPTICIAN		0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
OPTICIAN PHYSICAL THERAPIST	0 0 0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,889
MOP024 FEE-FOR-SERVICE/DENTAL
MONO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 \$ @TOTAL, ALL PROVIDERS 0 0 Ś .00 \$.00 .000 \$.00 .000 \$ @PHYSICIANS SERVICES 0 0 .00 \$.00 .00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 0 HOME VISITS Ω .00 .00 .000 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 .00 .00 INPATIENT VISITS .00 .000 .00

HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00		.00	.000 \$		Ś	.00
PRESCRIPTION DRUGS	0	0	Υ	.00		.00	.000	.00	۲	.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00		.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	Υ	.00		.00	.000	.00	Υ	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0					.000			
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	~	-	ac Monmii c						DACE	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	FYLFINDLLAK	TO MONTH-C	DE-PAYMENT RE	POKI FOR	JAN 200	JZ THKU DE	iC 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL	D 72 MINO		3 TD 00DD0 3 T	D GODEG '	7M 7D 71	2		0	1/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 0 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .000 .00 .00 .00 .00 .000 .00 OTHER SERVICES .00 0 @PODIATRIST 0 .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	Ö		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	Ś		\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	-	RES MONT					PAGE 7,891
MOP024	FEE-FOR-SERVICE/DENTAL		110111	1\D1	22.2 2010 0111, 20			01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR	2 73 MTNO	OR CONSE	NT AID CODES AID	CODES 7M 7P 7	7 R		01/1//05
110110 0001111	SOLUTION OF SHILLING FOR	. / / 111110	JI. COINDE	HID CODED AID				-

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .00 .00 0 0 .00 .00 HSC HOSPITALS .00 .00 NON-HSC HOSPITALS TOTAL .00 ACCOMMODATIONS 0 0 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	٧	.00	Y	.00	.000	Ÿ	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HIFTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y	.00	Ą	.00	.000	۲	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	۲	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	ş	.00	ې	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Y	.00	Ą	.00	.000	۲	.00	Ÿ	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	Ś	.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	ş	.00	ې	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	· ·	EC MONITI		DODT :			DEC		PAGE	7,892
			ES MONTH-	OF-PAIMENT KE	FURI .	CON JAN 200	JZ INKU	DEC	2002		
MOP024	FEE-FOR-SERVICE/DENTA	L								0.	1/17/03

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 \$.00 \$.00 .000 \$.00 \$ @ALL OTHER PROVIDERS .00 .00 0 .00 .000 .00 .00 DURABLE MED. EQUIP. 0 .000 BLOOD BANK 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00

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----- MONTHLY AVERAGE -----

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SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

MONO COUNTY

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,893 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

					MON'	THLY AVERAGE]
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES MONTH-	OF-PAYMENT RI	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE	
MOP024	FEE-FOR-SERVICE	/DENTAL						0.3	1/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 74 FO	R FUTURE US	Ε					
							NTHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE E	XPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COS	I PER

PER UNIT/DAY PER ELIG USER

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OR DAYS OF CARE

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@OPTOMETRIST

EYE APPLIANCES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	•	00	\$.00
VISITS	0	0		.00		.00	.000		00	.00
OTHER SERVICES	0	0		.00		.00	.000		00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.	00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		00	.00
SURGERY/ANES.	0	0		.00		.00	.000		00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		00	.00
OTHER	0	0		.00		.00	.000		00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.	00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000		00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	•	00	\$.00
@TOTAL HOSPITAL	Ō	0	Š	.00	Ś	.00	.000		00	\$.00
HOSP INPATIENT TOTAL	0	0	т	.00	т	.00	.000		00	.00
HSC HOSPITALS	0	0		.00		.00	.000		00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		00	.00
	0	0		.00		.00			00	
ADMINISTRATIVE DAYS	0	0					.000			.00
TRANSITIONAL IP CARE	0			.00		.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00	.00
ANCILLARIES	•	0		.00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		00	.00
MEDICAL	0	0		.00		.00	.000		00	.00
SURGERY	0	0		.00		.00	.000		00	.00
PATHOLOGY	0	0		.00		.00	.000		00	.00
RADIOLOGY	0	0		.00		.00	.000		00	.00
ROOM USE	0	0		.00		.00	.000		00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.	00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		00	.00
HSC HOSPITALS	0	0		.00		.00	.000		00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00	.00
ANCILLARIES	0	0		.00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		00	.00
MEDICAL	0	0		.00		.00	.000		00	.00
SURGERY	0	0		.00		.00	.000		00	.00
PATHOLOGY	0	0		.00		.00	.000		00	.00
RADIOLOGY	0	0		.00		.00	.000		00	.00
ROOM USE	0	0		.00		.00	.000		00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		00	.00
		CES AND EXPENDITURE	ES MO		r D∩D⊓					PAGE 7,895
MOP024	FEE-FOR-SERVICE		ES MO	MIH-OF-FAIMENI KE	EFORI	FOR JAN 200	Z IRKU .	DEC 2002		01/17/03
MONO COUNTY		,	מנזשנום	DE LICE						01/1//03
MONO COUNTI	SOUTHWALL OF SEK	VICES FOR 74 FOR I	UTUR	/F 09E			M	ONTHIT V 757		GE
OO ELICIDIES	HOEDO	IINITES OF SERVICE		EADEMDIUMIDEG	71.7.7					
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST UN UNIT/DAY P				COST PER
ACOMMINITAL HORDINAL HORAT	^	OR DAYS OF CARE		0.0						ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	٠ .	00	\$.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.000	\$		\$.00
@STATE HOSPITAL	0	0	Ş		ş	.00		ې		Ą	
MENTALLY ILL	0	•		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0	^	.00	^	.00	.000	<u> </u>	.00	^	.00
@NURSING FACILITY	U	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUE	RES MO		EPORT			DEC 2		PAGE	7,896
MOP024	FEE-FOR-SERVICE				DI 01(1	1010 01110 2	.002 1111(0	200 2	2002		1/17/03
		ICES FOR 74 FOR	FIITIIR	E USE						0.	2, 2, , 00
110110 000111	SOLUTION OF SERV	1020 1010 / 1 1010	10101	CE 002			M	тнтис	Y AVERAG	E	
00 ELIGIBLES	USERS	IINITS OF SERVICE	7.	EXPENDITURES	AVER						
00 EDIGIDDES	ODENO	OR DAYS OF CARE		EXIENDITORES			PER ELIG		USER		
@ALL OTHER PROVIDERS	0	OR DATS OF CARD		.00		.00			.00		.00
DURABLE MED. EQUIP.	0	0	~	.00	~	.00	.000	۲	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
HEDICAL INVISIONIALION	U	U		.00		.00	.000		.00		• 0 0

AMBULANCES/AIR TRANS	0	0	. (0.0	.00	.000	.00	.00
OTHER TRANS	0	0	. (0.0	.00	.000	.00	.00
OTHER SERVICES	0	0	. (0.0	.00	.000	.00	.00
ACUPUNCTURE	0	0	. (0.0	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	. (0.0	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	. (0.0	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	. (0.0	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	. (0.0	.00	.000	.00	.00
OPTICIAN	0	0	. (0.0	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	. (0.0	.00	.000	.00	.00
PORTABLE X-RAY	0	0	. (0.0	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	. (0.0	.00	.000	.00	.00
PROSTHETICS	0	0	. (0.0	.00	.000	.00	.00
ORTHOTICS	0	0	. (0.0	.00	.000	.00	.00
PSYCHOLOGIST	0	0	. (0.0	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	. (0.0	.00	.000	.00	.00
HOSPICE SERVICES	0	0	. (0.0	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	. (0.0	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	. (0.0	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	. (0.0	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	. (0.0	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	. (0.0	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	. (0.0	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$. (00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$. (00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-E	PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,897
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONO COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

	MONTHLY AV						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00 \$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00 \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-	-PAYMENT REPO	RT FOR JAN 200	2 THRU DE	EC 2002	PAGE 7,898
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
			/					

				, -:	_						
							MC	NTI	HLY AVERA	GΕ	
00 ELIGIBLES	USERS UNITS	OF SERVICE	<u>C</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
	OR D	AYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

MONO COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,899

MONO COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

110110 COON11	BOTHMIN OF BEINVE	CDD TOR 75 BB1			TILD CODES	MONT		CE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	т	EXPENDITURES	AVERAGE COST	MON'			r per
00 ELIGIBLES		OR DAYS OF CARE		TYLENDIIOKES	PER UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00	\$.00	.000 \$.00		.00
COMM HOSP INPATIENT TOTAL	0	0	Ψ	.00	.00	.000	.00	Υ	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0 0 0 0 0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0 0 0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$.00	.000 \$.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	.00	.000	.00	Y	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B SUBACUTE FREESTANDING	0 0 0 0 0 0 0 0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	Ġ	.00
	0		Y	.00	.00	.000	.00	۲	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	Ψ	.00	.00	.000	.00	Υ	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0 0 0 0 0 0 0 0 0 0	0	\$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	т	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
PATHOLOGY	0	0	*	.00	.00	.000	.00	Т	.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	S	.00	\$.00	.000 \$.00	Ś	.00
CLINIC	0	0	*	.00	.00	.000	.00	Т	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	Ŏ	0		.00	.00	.000	.00		.00
	MEDI-CAL SERVICE	•	ES MONTH-					PAGE	7,900
	FEE-FOR-SERVICE/		,				-		1/17/03
MONO COUNTY	SUMMARY OF SERVI		APPEAL/NI	LDC	AID CODES	6N		-	. ,
			, 212			MON'	THLY AVERA	GE	
OO BITCIDIEC	HCEDC	INTEC OF CEDITOR	-	ZVDENDIMIDEC	ATTEDACE COCH				

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $\ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,901
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

110110 0001111	DOIMMING OF DER	VIOLD 1010 00 1011	· — ОП.	CCT TT TDD					
						MON	NTHLY AVERA	GE	
11,400 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@TOTAL, ALL PROVIDERS	5 , 795	29 , 759	\$	3,403,707.62	\$ 114.38	2.610	\$ 587.35	\$ 29	8.57
@PHYSICIANS SERVICES	1,073	3,287	\$	170,820.09	\$ 51.97	.288	159.20	\$ 1	4.98
OUTPATIENT VISITS	675	1,041		41,056.65	39.44	.091	60.82		3.60
OFFICE VISITS	316	398		14,277.09	35.87	.035	45.18		1.25
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	308	347		15,836.81	45.64	.030	51.42		1.39
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69		.00
OB VISITS/COMPRE PERI	55	264		9,705.85	36.76	.023	176.47		.85
OTHER OUTPATIENT	25	31		1,202.21	38.78	.003	48.09		.11
INPATIENT VISITS	63	417		42,960.41	103.02	.037	681.91		3.77
HOSPITAL VISITS	52	142		6,688.08	47.10	.012	128.62		.59
CRITICAL CARE	17	275		36,272.33	131.90	.024	2133.67		3.18
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	8	8		284.02	35.50	.001	35.50		.02
EXAMINATIONS	8	8		284.02	35.50	.001	35.50		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	89	567		37,102.45		65.44	.050	416.88		3.25
PRINCIPAL SURGEON	33	49		23,410.87		477.77	.004	709.42		2.05
ASSISTANT SURGEON	5	5		1,047.61		209.52	.000	209.52		.09
ANESTHESIOLOGIST	57	513		12,643.97		24.65	.045	221.82		1.11
OUTPATIENT SURGERY	132	303		22,440.91		74.06	.027	170.01		1.97
PRINCIPAL SURGEON	102	130		18,153.98		139.65	.011	177.98		1.59
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	36	173		4,286.93		24.78	.015	119.08		.38
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	112	222		3,200.24		14.42	.019	28.57		.28
RADIOLOGY	172	325		11,758.89		36.18	.029	68.37		1.03
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	23	30		877.72		29.26	.003	38.16		.08
OTHER SERVICES/ALL X-OVERS	171	374		11,138.80		29.78	.033	65.14		.98
@PHARMACY	2,197	7,611	\$	668,592.33	\$	87.85	.668		Ś	58.65
PRESCRIPTION DRUGS	2,160	5,605		657,063.28		117.23	.492	304.20		57.64
SNF/ICF	29	219		8,359.10		38.17	.019	288.24		.73
OUTPATIENTS	2,132	5,386		648,704.18		120.44	.472	304.27		56.90
MEDICAL SUPPLIES	103	2,006		11,529.05		5.75	.176	111.93		1.01
@DENTIST	79	390	Ś	16,045.30	\$	41.14	.034		Ś	1.41
VISITS - DIAGNOSTIC	60	231	- T	3,278.00	-T	14.19	.020	54.63	-	.29
ORAL SURGERY	14	49		4,359.00		88.96	.004	311.36		.38
DRUGS	1	2		30.00		15.00	.000	30.00		.00
ANESTHESIA	3	3		300.00		100.00	.000	100.00		.03
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	4	6		910.00		151.67	.001	227.50		.08
RESTORATIVE DENTISTRY	26	86		5,349.00		62.20	.008	205.73		.47
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.00
DENTURES, STAYPLATES	5	6		1,440.00		240.00	.001	288.00		.13
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00		.01
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000	112.08		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	1	3		117.22		39.07	.000	117.22		.01
ALL OTHER SERVICES	1	1		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES	MONTH-OF-PAYMENT R	EPORT				P	AGE 7,902
MOP024	FEE-FOR-SERVICE									01/17/03
MONO COUNTY		ICES FOR 80 TO	TAI C	ERTIFIED						,,
110110 0001111	0011111111 01 02111	1020 1011 00 10					MO	NTHLY AVERA	GE	
11,400 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		-	COST PER
,		OR DAYS OF CA					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	91	251	\$	5,967.46	\$	23.77	.022			.52
00110111101		251	~	0,307.10	~	23.77	• 0 2 2	7 00.00	~	•

11,400 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	91	251	\$ 5,967.46	\$ 23.77	.022	\$ 65.58	\$.52
DIAGNOSTIC AND ANC. PROCED	57	59	2,675.08	45.34	.005	46.93	.23
EYE APPLIANCES	70	185	3,100.73	16.76	.016	44.30	.27
OTHER OPTOMETRIC SERVICES	4	7	191.65	27.38	.001	47.91	.02
@CHIROPRACTOR	4	7	\$ 117.04	\$ 16.72	.001	\$ 29.26	\$.01
VISITS	4	7	117.04	16.72	.001	29.26	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	18	\$ 170.15	\$ 9.45	.002	\$ 42.54	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	18	170.15	9.45	.002	42.54	.01
@HOME HEALTH AGENCY	17	49	\$ 3,507.73	\$ 71.59	.004	\$ 206.34	\$.31
NURSE ANESTHESIST	2	14	\$ 173.90	\$ 12.42	.001	\$ 86.95	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000	\$.00	Ċ	.00
@TOTAL HOSPITAL	1,247	5,045	\$ \$	1,687,139.38	\$	334.42	.443			147.99
HOSP INPATIENT TOTAL	189	925	۲	1,559,616.19	Y	1686.07	.081	8251.94	Y	136.81
HSC HOSPITALS	32	245		328,466.02		1340.68	.021	10264.56		28.81
NON-HSC HOSPITAL TOTAL	144	626		1,221,213.59		1950.82	.055	8480.65		107.12
ACCOMMODATIONS	144	626		410,059.76		655.05	.055	2847.64		35.97
ADMINISTRATIVE DAYS	0	020		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	144	626		410,059.76		655.05	.055	2847.64		35.97
ANCILLARIES	144	020		811,153.83		.00	.000	5633.01		71.15
INPATIENT CROSSOVERS	13	54		9,936.58		184.01	.005	764.35		.87
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	1,110	4,120		127,523.19		30.95	.361	114.89		11.19
MEDICAL	239	326		14,846.75		45.54	.029	62.12		1.30
SURGERY	108	148		10,705.37		72.33	.013	99.12		.94
PATHOLOGY	477	1,505		16,827.38		11.18	.132	35.28		1.48
RADIOLOGY	346	428		34,666.28		81.00	.038	100.19		3.04
ROOM USE	522	690		31,819.09		46.11	.061	60.96		2.79
CROSSOVERS/ALL OTH OUTPTNT	428	1,023		18,658.32		18.24	.090	43.59		1.64
@COUNTY HOSPITAL TOTAL	14	86	\$	24,762.16	Ś	287.93		\$ 1768.73	Ś	2.17
CO HOSPITAL INPATIENT TOTAL	2	19	Τ	22,705.00	т	1195.00	.002	11352.50	Τ.	1.99
HSC HOSPITALS	2	19		22,705.00		1195.00	.002	11352.50		1.99
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	12	67		2,057.16		30.70	.006	171.43		.18
MEDICAL	2	3		69.18		23.06	.000	34.59		.01
SURGERY	3	4		100.80		25.20	.000	33.60		.01
PATHOLOGY	6	21		363.07		17.29	.002	60.51		.03
RADIOLOGY	3	6		659.00		109.83	.001	219.67		.06
ROOM USE	9	13		461.70		35.52	.001	51.30		.04
CROSSOVERS/ALL OTH OUTPINT	6	20		403.41		20.17	.002	67.24		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2002 THRU	DEC 2002	P	AGE 7,903
MOP024	FEE-FOR-SERVICE									01/17/03
MONO COUNTY	SUMMARY OF SERV	ICES FOR 80 TO	TAL CE	ERTIFIED						
							M	ONTHLY AVERA	.GE	
11,400 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER	,	COST PER
·		OR DAYS OF CAR	RE		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,236	4,959	\$	1,662,377.22	\$	335.22	.435	\$ 1344.97	\$	145.82

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11,400 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,236	4,959 \$	1,662,377.22	\$ 335.22	.435 \$	1344.97	\$ 145.82
COMM HOSP INPATIENT TOTAL	187	906	1,536,911.19	1696.37	.079	8218.78	134.82
HSC HOSPITALS	30	226	305,761.02	1352.92	.020	10192.03	26.82
NON-HSC HOSPITALS TOTAL	144	626	1,221,213.59	1950.82	.055	8480.65	107.12
ACCOMMODATIONS	144	626	410,059.76	655.05	.055	2847.64	35.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	626	410,059.76	655.05	.055	2847.64	35.97
ANCILLARIES	144	0	811,153.83	.00	.000	5633.01	71.15
INPATIENT CROSSOVERS	13	54	9,936.58	184.01	.005	764.35	.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,100	4,053	125,466.03	30.96	.356	114.06	11.01
MEDICAL	237	323	14,777.57	45.75	.028	62.35	1.30

SURGERY	105	144	10,604.57	73.64	.013	101.00	.93
PATHOLOGY	472	1,484	16,464.31	11.09	.130	34.88	1.44
RADIOLOGY	345	422	34,007.28	80.59	.037	98.57	2.98
ROOM USE	513	677	31,357.39	46.32	.059	61.13	2.75
CROSSOVERS/ALL OTH OUTPTNT	424	1,003	18,254.91	18.20	.088	43.05	1.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	891	\$ 102,631.77	\$ 115.19	.078	\$ 3539.03	\$ 9.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	891	102,631.77	115.19	.078	3539.03	9.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	5	\$ 1,975.38	\$ 395.08	.000	\$ 658.46	\$.17
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5	1,975.38	395.08	.000	658.46	.17
@REHABILITATION FACILITY	2	5	\$ 175.34	\$ 35.07	.000	\$ 87.67	\$.02
HOSPITAL BASED	2	5	175.34	35.07	.000	87.67	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	405	852	\$ 15,879.34	\$ 18.64	.075	\$ 39.21	\$ 1.39
PATHOLOGY	405	851	15,819.84	18.59	.075	39.06	1.39
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	2,713	4,413	\$ 541,429.58	\$ 122.69	.387	\$ 199.57	\$ 47.49
CLINIC	13	39	675.40	17.32	.003	51.95	.06
SURGICENTER	5	16	674.72	42.17	.001	134.94	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 2,700 4,358 540,079.46 123.93 .382 200.03 47.38 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,904 01/17/03

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.